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TANF Cash manual.

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DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

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March 1, 2006

To: All TANF Cash Assistance Policy Manual Holders

From: Susan Rutherford, TANF Program Policy Specialist Susan Rutherford

Subject: TANF Cash Assistance TB-20, Supportive Services-Methods of Payment

Place this bulletin at the beginning of TANF Cash Assistance Manual, Section 704-1

SECTION: OTHER BENEFITS/REQUIREMENTS

SUBJECT: Supportive Service Payments

EFFECTIVE DATE: Upon Receipt

Introduction: Supportive Service funds are dispensed by means of two types of payments: payments made to vendors and payments made directly to participants. The method of payment used is governed by the circumstances of the request.

Policy Clarification: **Vendor payments are made in the following circumstances:**

a. the service requested is a high cost item requiring estimates such as car repairs, or

b. the service requested is for automobile insurance, or

c. the service reflects special circumstances and has been approved by the WoRC monitor (including any rental assistance).

NOTE: **Receipts for vendor payments must be maintained in the WoRC case file.**

Participant payments are made directly to the participant by Fiscal and are the primary method of providing supportive services.

Participant payments are made for:

a. public transportation such as bus passes,

b. clothing,

c. personal needs,

d. gas for vehicle,

e. tools for employment, and

f. any other approved service that does not meet the vendor payment definitions above.

NOTE: Do not request or maintain receipts for services approved and paid for by a participant payment, unless questionable. If the service is questionable, ask to view the receipts and return them to the participant.

Case notes must contain a clear explanation of why a specific payment method is used, if different than the policy outlined above. Contact your WoRC monitor with individual case concerns.

UPDATED MANUAL MATERIAL WILL BE DISTRIBUTED AS SOON AS POSSIBLE. UNTIL THAT TIME, USE THIS BULLETIN AS A GUIDE.

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES

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PO Box 4210
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November 13, 2007

To: All TANF Cash Policy Manual Holders

From: Del Bock, TANF Program Policy Specialist

Subject: TANF Policy Manual Revision (01/08)

This is revised policy material for your TANF policy manual. Please review each section in its entirety. Revisions are noted with an '►' symbol. If you have any questions, contact your Regional Policy Specialist.

BULLETINS STILL IN EFFECT

TB-37 Case Transfer Process

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DELETED BULLETINS

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TB-34 Section 701-3
TB-35 Section 704-1
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NEW OR UPDATED MANUAL SECTIONS

TANF 0-1 "Table of Contents"
(Supersedes TANF 0-1, 07/01/07)

TANF 0-2 "Alpha Index"
(Supersedes TANF 0-2, 07/01/07)

Added reference to Accommodations (negotiation of the FIA/EP); Reporting of Child Abuse; Continued Benefits; Domestic Violence Universal notice; Exclusions to the Timeclock and Foster Care.

TANF 103-2 "Interviews/Home Visits"
(Supersedes TANF 103-2, 07/01/07)

Updated to indicate that during the initial interview the OPA case manager will explain the benefits of the TANF program, including supportive services; the requirements to negotiate a FIA/EP and to provide verification and documentation of participation and the consequences related to non-participation including the intensive case management meeting requirements.

TANF 103-4 "Verification and Documentation"
(Supersedes TANF 103-4, 07/01/07)

Added information as to what constitutes verification and documentation of the completion of the intensive case management meeting. This documentation can be a verbal or written statement or email from the WoRC Case Manager, WoRC Supervisor, OPA Case Manager or OPA Supervisor who participated in the intensive case management meeting. Updated the Program Compliance section to indicate that the verification and/or documentation required to verify the household is in compliance is outlined in 1508-2.

TANF 103-5 "Processing"
(Supersedes TANF 103-5, 07/01/07)

Added NOTE that indicates the three (3) working day count begins the date following the date the WRC component is entered on EMPL by the OPA Case Manager. Added information that outlines the policy regarding the start date of the WRC component. This start date should be the date the individual negotiates their FIA with the OPA Case Manager and is referred to WoRC. If there is a delay between the date of application and the date of interview at the OPA, the WoRC Case Manager will attempt to reconstruct activities during the time period between the first of the month and the date they negotiate the EP with the individual. Updated Example #5 to indicate the WoRC Case Manager would use the HNC code, not the HNA code.

TANF 201-1 "Filing/Assistance Unit"
(Supersedes TANF 201-1, 07/01/07)

Updated the section outlining how to update the filing unit/assistance unit when notified of a child's birth and made reference to 201-3 where the process is outlined in detail.

TANF 201-3 "Adding/Removing Members"
(Supersedes TANF 201-3, 07/01/07)

Please review this section carefully as it outlines how to add a newborn child to the TANF household and supplement benefits in the month of birth, if appropriate. This is based on the new policy effective 1/1/08 that indicates a newborn child will be added to the TANF assistance unit the month of birth or adoption, provided the household has reported the birth or adoption timely. This section also was updated to reflect policy on adding the deemed father to the assistance unit.

Noted that use of the HCS 261A "Adding a New Household Member" form is encouraged when adding a child as it allows for adequate notice rather than timely notice.

Added clarification to the statement that if the household reports that a member has left the household, if timely notice cannot be given, the situation does not meet the exceptions to timely notice, or the action is taken after TEAMS cutoff, the household must be given timely notice and benefits must be issued at the prior level.

Updated policy regarding questionable household composition to reflect that the household composition should be considered questionable if a sanction penalty month has been imposed. Removed the reference to the sanction ineligibility month since full family sanctions are in effect January 1, 2008 so the entire household is ineligible. Updated example on page 5 to reflect that during a sanction penalty month, if verification of questionable household composition is provided, the sanctioned member can be removed from the household and the remaining household members may be eligible for benefits.

Updated examples on changing WoRC hours based on the updated hours of participation effective January 1, 2008.

TANF 300 "Overview"
(Supersedes TANF 300, 01/01/07)

Added the non-financial eligibility requirement of completion of an Intensive Case Management meeting for those individuals who have been sanctioned at least twice since January 1, 2008. Referenced 702-3.

TANF 301-2 "Alien Status"
(Supersedes TANF 301-2 pages 1 and 2 only)

Updated the address to send Form G-845S for alien status verification. The new address is in California. NOTE: Only pages 1 and 2 were updated and need to be replaced.

TANF 303-1 "Furnishing a Social Security Number"
(Supersedes TANF 303-1, 07/01/03)

Please review this section carefully as it underwent a major revision to allow for easier reading and flow. Noted that if a required filing unit member fails or refuses to provide a social security number, the entire household is ineligible for TANF. The individual would be coded DQ/IS on SEPA and the case closed

TANF 402-2 "Native American Resources"
(Supersedes TANF 402-2, 01/01/06)

Updated this section to include all countable resources sources. Also removed list of payments that are excluded under federal statute as they are listed in TANF 501-2. Reference 501-2 instead.

TANF 501-2 "Native American income"
(Supersedes TANF 501-2, 01/01/06)

Updated general rule to indicate that the sources of Native American income must be determined in order to determine whether or not the income is countable or excluded. Reformatted the section for easier readability. Clarified that all payments derived from leases or other uses of individually-owned trust or restricted lands are applied to the $2000 exclusion, regardless of whether or not the individual was receiving TANF at the time of receipt. Renumbered the sections. Updated the countable sources section for readability and added lengthy example. Added policy regarding Tribally managed gaming revenues as being countable. Added section regarding the income retaining its status, either countable or excluded.

TANF 503-1 "Self-employment Income"
(Supersedes TANF 503-1, 07/01/06)

Please review this section carefully. Many thanks to Nancy Clark for taking the lead in updating this section! Many of the changes were to allow for easier readability.

A general overview of the changes: Updated definitions of self-employment structures and corporations. Added section regarding activities that would not be considered self-employment. Updated policy regarding canceled debt to be that it should not be routinely questioned unless it seems unreasonable. Updated In-Kind income and bartering section. Clarified that all items purchased for a business prior to the opening of the business are capital expenses and not all allowable expense. Also clarified that transportation costs to and from work are not an allowable expense. Updated section regarding boarders. Clarified that with the exception of scheduled redeterminations, benefits and eligibility will be based on change reports.

TANF 701-1 "Family Investment Agreement/WoRC Employability Plan"
(Supersedes TANF 701-1, 07/01/07)

Added note that caretaker relatives who are not included in the assistance unit or who are coded 'DQ' for any reason are not required to have a FIA/EP. Updated example to reflect this.

TANF 701-2 "WoRC Participation"
(Supersedes 701-2, 07/01/07)

Please read this section carefully as it contains policy on the required hours of participation which are changing effective January 1, 2008! I did not outline all changes in the cover letter, as they are too numerous to mention. Please contact your RPS or WoRC Monitor with any questions!

Updated the process for using the Domestic Violence Screening Questionnaire and when to enter a 'Y' in the Family Violence field on EMPL. This field should be marked with a 'Y' when a client has marked a yes on the Domestic Violence Screening Questionnaire, the WoRC Case Manager has involved them in a conversation regarding their willingness to address the issue and the participant has agreed they are willing to address the issue.

Updated the number of required participation hours based on new policy effective January 1,2 008. The following are the required hours:

108 hours per month (27 per week):

- Single parent households, including teen parents living independently, who have a child under the age of 6; and
- teen parents not living independently and not in school who have a child under the age of 6;

132 hours per month (33 per week):

- Single parent households , including teen parents living independently, who do not have a child under the age of 6;
- Teen parents not living independently, not in school, who do not have a child under the age of 6; and
- Minor children, age 16 or 17 not attending school.

Two-parent households are required to participate 132 hours per month (33 per week) of activities.

TANF 701-3 "Participation Components"
(Supersedes 701-1, 07/01/07; TB-34, 06/25/07)

Added information regarding the HCS-719 "Participation Information" pamphlet to this section as it is the tool the participant would use to reconstruct allowable work activities.

Updated policy regarding use of the HNC component code. The HNC code will be used by the OPA Case Manager to account for hours between the first of the month and the date of application, if the participant is being referred to Tribal NEW. The HNC code will be used by the WoRC Case Manager to account for hours between the first of the month and the date the individual negotiates their EP, provided that no other allowable work activities can be reconstructed. Added HNC examples. Updated table of HNC hours edits based on TEAMS changes to the required number of participation hours. Restated that the start date of the WRC component is the date the individual negotiates their FIA and is referred to WoRC.

Updated policy regarding primary and secondary components, based on the changes to the participation hours. Primary components must account for:

- 23 hours per week for each adult in a single parent household with no child under 6;
- 25 hours per week for each adult in a single parent household with a child under 6;
- 28 hours per week for each adult in a 2-parent household.

Added policy on the WEX matching month. Added definition of a "qualified medical professional". Clarified that an unmarried teen parent without a FED or diploma may participate in educational activities, unless the participant and the WoRC Case Manager have negotiated other activities. The use of educational activities is encouraged, but is not required as long as other allowable activities can be negotiated.

Updated policy on the NPI code. Added definition of a "qualified medical professional". Added information regarding accommodations for those participants who are unable to participate fully in allowable work activities, based on medical documentation. Updated policy regarding the NIH component. Clarified the use of the New Parent Activity (BOB) component is limited to individuals who are identified as a single parent household on TEAMS. Updated policy regarding use of the FHP component in regards to the sanction ineligibility periods. (For more detail, please see 702-4).

TANF 701-4 "WoRC Participation, Documentation & Reconciliation"
(Supersedes 701-4, 07/01/07; TB-34, 06/25/07; TB-38, 09/13/07)

Added information that the HNC component may be used during manual reconciliation by the WoRC Case Manager. Added policy regarding the use of the prospected employment verification form during reconciliation. Gave examples of this process. Updated information regarding the use of the excused absences and holidays based on policy distributed in policy bulletins. Also referenced policy for reconciliation when an individual has good cause for not participating but does not have an excused absence day available.

TANF 702-2 "WoRC Sanction Review Process/Good Cause"
(Supersedes 702-2, 07/01/07)

Please review this section carefully as it outlines the updated process based on the new sanction policy which is effective January 1, 2008! I did not outline all changes in the cover letter, as they are too numerous to mention. Please contact your RPS or WoRC Monitor with any questions!

Removed requirement from the General Rule for the WoRC Case Manager to attempt to contact the participant and inquire as to the reasons for non-compliance! Also updated general rule to indicate the participant must provide verification and documentation of their participation in allowable work activities.

General changes include: Added information that the participant has the responsibility to provide verification of good cause. Updated the sanction process. Specifically outlined the requirement to send timely notice of sanction if the case is open; adequate notice of sanction if the case is closed for any reason and notice of closure has been sent. If the sanction results in an ineligibility period, the disqualification period will being the month following timely or adequate notice, depending on case status.

Updated good cause to note that the participant must request and VERIFY good cause. Stepped out sanction and good cause process.

TANF 702-3 "Sanction"
(Supersedes 702-3, 07/01/07; TB-35, 06/25/07)

Please review this section carefully as it outlines the updated process based on the new sanction policy which is effective January 1, 2008! I did not outline all changes in the cover letter, as they are too numerous to mention. Please contact your RPS or WoRC Monitor with any questions!

General changes include: Updated general rule to indicate requirement for individuals to participate in and verify activities or face sanction. Updated supportive service policy which allows for sanctioned individuals who are work-eligible individuals and mandated to participate in employment and training activities during their sanction penalty month and

who are participating to receive supportive services.

Outlined changes to sanction policy effective January 1, 2008 including penalty and ineligibility periods. Outlined 2 exceptions to the full-family sanctions. Added examples of ineligibility periods. Added policy regarding the Intensive Case Management meeting (ICM). Please read this section carefully! Updated procedures for 1st and 2nd or subsequent sanctions. Added examples.

TANF 702-4 "Fair Hearing Non-compliance with FIA/EP or Tribal NEW-Continuation of Benefits"
(Supersedes 702-4, 07/01/07)

Please review this section carefully as it outlines the updated process based on the new sanction policy which is effective January 1, 2008! I did not outline all changes in the cover letter, as they are too numerous to mention. Please contact your RPS or WoRC Monitor with any questions!

General changes include: Updated processes to take when an individual requests continued benefits pending a fair hearing. In order to receive cash assistance following the receipt of continued benefits during a sanction penalty month or a one-month ineligibility period, the participant must simply negotiate a new FIA/EP. They do not need to reapply. If the household wishes to receive cash assistance following an ineligibility period for 3 or 6 months, they must reapply for benefits. NOTE: The FHP component can be used for one month only!

TANF 704-1 "Supportive Services Payments"
(Supersedes 704-1, 07/01/07; TB-35, 06/25/07)

Updated section to reflect policy which allows disqualified work-eligible individuals who are mandated to participate in employment and training activities to receive supportive service payments, as long as they are participating in the activities. These payments must be requested as a manual supportive service request to Del Bock. Updated information on the motor vehicle insurance assignment form to indicate this form must be completed if the payment is being done via a vendor payment. Added note for WoRC Case Managers to let the WoRC Monitor know when you are aware of a lost or stolen supportive service payment so the reconciliation process is correct. Updated manual supportive service request process.

TANF 704-2 "Work Support Payments"
(Supersedes 704-2, (07/01/06)

Updated section to reflect policy effective January 1, 2008 to require the participant to verify their participation in allowable work activities to the WoRC Case Manager prior to being eligible for a work support payment. NOTE: This will be a manual process, so it is essential that communication between the WoRC Case Manager and OPA take place! Updated the TEAMS process to approve or deny a WSP payment. Updated information

in the issuance procedure to follow the warrant replacement process if the household reports they have not received a work support payment.

TANF 901-1 "TANF Child Care Assistance/Working Caretaker Relative Child Care"
(Supersedes 901-1, 07/01/05; TB-36, 07/09/07)

Please review this section carefully as it outlines the policy and procedures relating to the Working Caretaker Relative Child Care program. Policy and processes regarding this program were included in the section.

Minor reformatting was completed on this section as well. Added policy information regarding approval of child care prior to TANF benefits being approved. If the participant needs child care in order to begin participation in allowable work activities, prior to TANF approval, a referral to the R&R is made and child care assistance can be approved for up to 30 days. If the applicant is later denied TANF, no overpayment is established. Updated referral process.

TANF 1508-2 "Program Compliance Reviews (a.k.a. Quality Control Reviews"
(Supersedes TANF 1508-2, 02/01/02)

Updated section to indicate that if a TANF recipient fails or refuses to cooperate with a PC review for any program, they are ineligible for TANF cash assistance. Following notice of closure, eligibility for TANF may be re-established if:

- The non-compliance was with a Medicaid review, the individual reapplies for TANF and the individual provides all information necessary to determine eligibility for TANF, they are considered to be in compliance; or
- The non-compliance was with a FS review, the individual reapplies for TANF and the individual is either in compliance with the FS review or the time frame for compliance with the FS review has expired.

TANF 1509-1 "Good Cause Criteria"
(Supersedes TANF 1509-1, 07/01/04)

Please review this section carefully! Numerous changes are outlined based on new policy and procedures effective January 1, 2008!

The general rule has been changed to outline the requirement for the participant to request, present and verify reasons for failing to comply with program requirements. The reasons and verification provided must be reviewed to determine if good cause exists. Failure on part of the participant to request, present and provide verification of good cause will result in the adverse action being imposed. Clarified good cause reasons, based on ARMS and updated to give examples. Please review carefully!

TANF 1800-1 "Cash Management"
(Supersedes TANF 1800-1, 07/01/05)

Updated section to reflect changes in the last legislature that indicate that if an office receives $200 in cash or if total collections exceed $750, they must be sent immediately to the appropriate entity. This is an increase from $100 in cash or $500 total. Updated to reference questions should be sent to the appropriate policy specialist.

TANF TIPS

- If an individual has received continued benefits pending a fair hearing relating to a sanction, loses the fair hearing and is subject to recoupment of the continued benefits, the overpayment must be set up on TEAMS. However, because TEAMS defaults to a 10% recovery rate, you must send an email to Del Bock with the following details:
  - Client Name
  - Case Number
  - Overpayment month
  - Overpayment number
  - Fair Hearing decision number
  - Amount of overpayment

  Del will then forward a request to Fraud and Recoveries to update the recovery rate to 25%.

  Please refer to TANF 1504-1 page 7 and 8.

Thank you for your continued work to make the TANF program a success.

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DB

ΦΦΦ

Department of Public Health and Human Services	Section: INTRODUCTION
TANF CASH ASSISTANCE	Subject: TANF Philosophy and Programs

Supersedes: TANF 0-3 (07/01/02)

Reference: ARM 37.78.101 - .103

TANF - Montana's Temporary Assistance for Needy Families (TANF) program is called TANF cash assistance, a welfare reform program that promotes the values of work, responsibility, and family.

The Department of Public Health and Human Services, hereafter referred to as the Department, is committed to the philosophy that public assistance is intended to provide temporary support to eligible individuals for the purpose of assisting them to reach economic self-support. The opportunity for self-support will be achieved through immediate employment, the vigorous pursuit of child support, and other alternatives to public assistance.

► **NOTE:** At one time anyone in the assistance unit was categorically eligible for Medicaid if they were included in the cash grant. However, in February 2001, a clarification was received that de-linked TANF and Medicaid and required eligibility to be determined separately for each program. When a new TANF application is registered, a Family Medical (MA/FM) application will be automatically registered on the system and the assistance unit will be evaluated for eligibility.

Economic self-support may not always be achieved at once but, more often is a gradual process that begins with part-time employment or full-time employment at lower wages, and progresses to a full-time higher paying job that leads to independence.

In addition, we believe the following:

* Public assistance participants want to be independent and off "welfare."

* Public assistance participants are capable of work and of reaching economic self-support.

* Public assistance participants are always better off working than being completely dependent on the government for support.

* Becoming self-supporting requires the personal effort of the public assistance participant and the support of the Department to engage in activities that will result in greater economic independence.

* It serves the best interests of the community for its citizens to participate in the local job market.

TANF CASH ASSISTANCE

TANF cash assistance is a time-limited cash assistance program designed to provide families with monthly cash grants and opportunities leading to self-support. A family's TANF cash assistance eligibility is limited to 60 months in the adult's lifetime.
The major elements of the TANF cash assistance are:

* Earned income disregards of $200 for each employed individual and a 25% deduction off of the remainder. Also, up to $200 per child for child care expenses related to employment, training, and/or job search.

* Income disregard for legally-binding child support payments

* Resource limitation of $3000

* Information about and assistance in applying for the earned Income Tax Credit (EITC)

* Referral to appropriate community resources

► * Certain participants must also complete a Family Investment Agreement/WoRC Employability Plan (FIA/EP), a document listing activities, time frames, and mutual obligations of the State and the participant regarding the course of action to necessary for his/her family to become self-supporting.

PROGRAM ADMINISTRATION

TANF cash assistance is administered in joint cooperation by Federal and State governments. The local Office of Public Assistance provides the daily client contact using the rules and policy written and disseminated by the State and the Federal government.

USING THIS MANUAL

The policies and procedures throughout this manual are intended to be a guide for eligibility and/or grant determination and are written within the limits imposed by PRWORA. The policies contained in this manual are intended to be sufficiently flexible to allow workers to exercise reasonable judgment in executing their responsibilities.

It is impossible to write a procedure that will cover every possible contingency that specific cases may present to the worker.

In this regard, the concept of the "prudent worker" can be helpful. The term refers to the reasonableness of the judgments made by an individual worker in a given situation. In making an eligibility decision, the worker should be conscientious about making a decision that is reasonable, based on his/her knowledge of and experience with the programs.

If the worker encounters a problem in a specific case that is felt to be outside the ordinary policy and procedure, the problem should be referred through administrative channels.

If the problem has application to only a specific case or to a limited number of cases and is generally covered by existing policy guidelines, the worker should make a judgment that can be defined as reasonable and prudent.

SR

ΦΦΦ

Supersedes: TANF 0-4 (01/01/07)

A

ACF	Administration for Children and Families
ACS	Formerly known as Consultec. The Montana Medicaid service payment contractor.
ADH	Administrative Disqualification Hearing
AES	Accelerated Employment Services
AFDC	Aid to Families with Dependent Children (program was eliminated and replaced with Temporary Assistance to Needy Families TANF)
APWA	American Public Welfare Association
ARM	Administrative Rules of Montana
AWEP	Alternative Work Experience

ACCESS--As it relates to joint checking/savings accounts:
Restricted--Limited access to money in an account.
Unrestricted--Unlimited access to money in an account by one or all of the account holders.

ACCELERATED EMPLOYMENT SERVICES--An individualized training contract between the employer, the TANF participant, and the agency intended to provide training for higher skilled occupations and ultimately full-time employment.

ADEQUATE NOTICE--Written notification to be received by the individual no later than the date of intended action or the date benefits would have been received. Notices must be mailed no later than **two** working days after TEAMS cutoff to meet adequate time frames.

ADMINISTRATIVE MONTH--The calendar month in which the eligibility determination is made: the month preceding the benefit month.

ADULT PARTICIPANT--An individual over the age of 18 who is not a minor child.

ADVERSE ACTION--A decision to deny, decrease, or terminate benefits.

ALERT--A TEAMS action to forewarn the worker to reevaluate the case circumstances.

ALIEN--A person residing in the United States who is not a citizen.

CFS	Child and Family Services
CMS	Centers for Medicare and Medicaid Services (formerly HCFA). CMS is the federal agency responsible for the administration of the Medicaid programs.
CMV	Current Market Value
COBRA	Consolidated Omnibus Budget Reconciliation Act
CRU	Claims and Recovery Unit
CSE	Child Support Enforcement
CSED	Child Support Enforcement Division
CSKT	Confederated Salish and Kootenai Tribes
CSP	Community Services Program (ended 06-30-01)
CWS	Child Welfare Services (usually refers to Foster Care)

CARE AND CONTROL--The physical care, guidance or maintenance of a child or children provided by a responsible parent or specified caretaker relative within the 5th degree of kinship.

CARETAKER RELATIVE--A person who meets the definition of a relative and is providing care of the child(ren).

CASE--Documents or computer data relating to a filing/assistance unit.

CASE FILE--The record maintained for each filing/assistance unit during the course of participation in the program.

CASE MANAGEMENT--A series of steps that assist the case manager in formulating and developing a course of action for the participant.

CASE MANAGER--The individual assigned to a participant to assist in the development of the participant's employability plan.

CASH VALUE--For resources: the amount that would be paid, in the community of residence, if the resource was sold or converted to cash. For income: the amount of the income or the value assigned to the service rendered for in-kind earned income.

CHANGE IN CIRCUMSTANCE--A reversal or variation of the fact from what was previously known.

CHILD SUPPORT--Voluntary or court ordered payment by an absent parent for the purpose of meeting the needs of the child(ren).

CHILD SUPPORT SUPPLEMENT PAYMENT--A payment issued to TANF families based on current child support collected from a non-custodial parent, up to but not exceeding, $100.00 per month per TANF household.

COLLATERAL CONTACTS--Knowledgeable individuals or sources who serve to support or confirm information provided by the applicant/participant.

COLLECTIBLES--Any item of value that may or may not be part of a collection, such as paintings, coins, stamps, etc.

COMMINGLED--Countable and exempt funds in a bank, BIA account, or other account that are combined.

COMPENSATION--Money, real or personal property, food, shelter or services received by an individual in exchange for goods or services provided by that individual.

COMPLETE THE PROGRAM--An individual enrolled in high school or an equivalency program is considered to have completed the program if the institution has awarded a diploma or certificate of completion.

CONCILIATION--The informal process for resolving a participant's complaint, grievance, or dispute.

CONFIDENTIAL INFORMATION--Applicant or participant information that may only be shared for establishing eligibility, determining amount of assistance, and providing services, with related federally mandated and assisted programs and agencies under contract to the Department or operating with a Memorandum of Understanding.

CONVICTION-- A judgment OR a sentence upon guilty plea or verdict or finding of guilt.

CONTRACT FOR DEED--A real estate transaction where the seller carries the buyer's obligation to pay the purchase price. The seller agrees to transfer the property deed to the buyer when all payments have been made. May be a negotiable instrument.

COUNTABLE INCOME--The total of earned and unearned income that is not excluded by policy, and is expected to be received by the assistance unit for the budget/benefit month.

CREATOR--Used in terms of a trust, the person who creates a trust, also known as a "settlor" or "grantor".

CURRENT MARKET VALUE (CMV)--The amount for which the property can be expected to sell on the open market in the community.

EMANCIPATED MINOR--A minor child who is no longer a dependent of his/her parent(s) due to court action or marriage. For eligibility purposes he/she is considered an adult.

EMERGENCY ASSISTANCE FOR NEEDY FAMILIES--A short-term program to assist families in an emergency situation caused by the occurrence of an unforeseen circumstance.

EMPLOYABILITY PLAN--A document developed with the WoRC case manager that sets forth a planned series of actions leading toward employment for participants who have been referred to the WoRC Program.

EMPLOYMENT RELATED ACTIVITIES--Activities that assist participants in locating and securing employment.

ENCUMBRANCE/LIEN--A claim or legal debt(s) against a resource which is supported by a written document and which must be paid when the resource is sold.

ENGLISH AS A SECOND LANGUAGE (ESL)--A classroom training for those who are non-English speaking, but literate in their native tongue. The training is intended to provide sufficient command of the English language to compete in the labor market, to participate in the labor market, or to participate in training.

ENUMERATION--The act of assigning a Social Security Number (SSN) by the Social Security Administration.

EPSDT–Early and Periodic Screening, Diagnosis and Treatment services for individuals under age twenty-one (21) who are covered by Medicaid.

EQUITY VALUE--The current market value less any encumbrances (legal debts such as mortgages, loans, penalties, cost of sale, etc.) against the property as of the date of evaluation.

ESSENTIAL FOR DAY-TO-DAY LIVING--As stated by the caretaker relative, the item is indispensable or necessary for the survival of the assistance unit.

EVIDENCE--Something that furnishes proof (a document or a statement attesting to the validity of a particular event).

EXCESS CHILD SUPPORT--Money received from the absent parent that is in excess of the monthly grant.

EXCLUDED RESOURCE--Any real or personal property that is not counted toward the general resource limitation.

EXPUNGEMENT --A process of removing benefits from an EBT card due to a period of inactivity (the card has not been used) for more than 180 days. This is done by the Fiscal Department on a monthly basis.

EXTRA PAYCHECK--A payment (earned income) in addition to the usual number of payments made in a month. Extra paychecks are received four times a year for people paid on a weekly basis and twice a year for people paid every other week.

F

FBIC	Fort Belknap Indian Community
FC	Foster Care
FIA/EP	Family Investment Agreement/WoRC Employability Plan
FICA	Federal Insurance Compensation Act
FNS	Food and Nutrition Service
FS	Food Stamp Program

FAIR HEARING--An opportunity for any person whose claim for assistance has been denied, or who had other negative action taken on their case, to present convincing evidence to reverse the original decision.

FAIR MARKET VALUE--The amount of money that the sale of property would bring on the open market in the community where the property is located.

FAMILY INVESTMENT AGREEMENT/WORC EMPLOYABILITY PLAN (FIA/EP)--A document listing activities, time frames, and mutual obligations of the State and the participant regarding the course of action to empower the participant to become self-supporting. (Formerly FIA).

FILING UNIT--Those individuals whose income and resources must be considered in the eligibility determination. All members of the Filing Unit may not be included in the Assistance Unit and may not receive benefits.

FLEEING FELON--An individual who has been convicted of a felony and is fleeing incarceration. The individual is not eligible for assistance.

FOSTER CARE--A legal action that places a child in the custody/control of a person or entity other than the child's natural or adoptive parents. Examples are IVE, CWS, Kinship Care.

FULL-TIME STUDENT--A minor child attending school a minimum of six (6) hours a day or the number of hours the institution states is considered full-time.

G

GED	Graduate Equivalency Diploma
GMI	Gross Monthly Income Standard

GARNISHMENT--A legal action to deduct a specified amount of money from an employee's wages or unemployment compensation to satisfy a creditor.

GENERAL EQUIVALENCY DIPLOMA (GED) TRAINING--Training provided to individuals who require a high school education or its equivalent to obtain appropriate employment. The training prepares the individual for the GED test for a high school equivalency certificate.

GOOD CAUSE--An acceptable reason for an individual's action that dismisses the penalty for that action.

GRANT--The TANF cash assistance money payment given to an assistance unit on a monthly basis.

GRANTOR--The entity that creates a trust. The grantor may be a person, court or administrative body with legal authority to act on behalf of an individual. The grantor may be acting at the direction or request of an individual.

GROSS EARNED INCOME--The total money the person is entitled to receive prior to any deductions, including garnishment.

GROSS MONTHLY INCOME (GMI) STANDARDS–The levels of gross income for each filing unit based on size and circumstances.

H

HCFA	Health Care Financing Administration (Now known as CMS Centers for Medicare and Medicaid Services)
HHS	Health and Human Services; federal agency administering the TANF programs
HIPAA	Health Insurance Portability and Accountability Act
HIPPS	Health Insurance Premium Payment System

HISPANIC OR LATINO--A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

HOME--The principal place of residence; the family setting in which the child lives with a caretaker relative, who provides the day-to-day care and control of the child. For resource purposes: a home is the current place of residence which is owned by the caretaker relative and which includes any building and the land upon which it is located, the land that appertains (belongs) to the home and all the buildings and/or mobile homes located thereon.

HOMELESS--Having no fixed address nor living in a permanent dwelling.

HOUSEHOLD FURNISHINGS--Furniture, appliances, clothing and personal items owned by the filing/assistance unit.

I

IDA	Individual Development Account
IEVS	Income and Eligibility Verification System
IIM	Individual Indian Monies
INA	Immigration and Naturalization Act
INS	Immigration and Naturalization Services (Now U. S. Citizenship and Immigration Services-USCIS)
IPV	Intentional Program Violation
IRA	Individual Retirement Account
IRS	Internal Revenue Service

INCAPACITY--A physical or mental defect, illness or impairment which is sufficiently serious as to eliminate or substantially reduce the caretaker relative's ability to care for or support the child(ren) for a period expected to last at least thirty (30) days.

INCARCERATION--The condition of being in prison or city/county jail for any length of time.

INCOME--Money received from any source.

INCOME-PRODUCING PROPERTY--Property that is, in and of itself, producing income. For example, rental property is considered income-producing property.

INDIAN COUNTRY-- Within the geographical boundaries of a reservation that has an unemployment rate above a federally specified amount.

INDIAN LAND--Property owned jointly by the tribe or property that can be sold only with the permission of other individuals, the tribe or the Bureau of Indian Affairs.

INDIAN TRUSTLAND--Reservation land, held in government trust status, owned by either the tribal governing body or individual tribal members. The land may be used by the individual owner or leased to others for farming, grazing, mineral extraction or other uses. The land cannot be sold without BIA and tribal approval.

INDIVIDUAL INDIAN MONEY (IIM) ACCOUNTS–Accounts similar to bank accounts that are administered and maintained by the Bureau of Indian Affairs (BIA) Area Office or a designated agency on the reservation. IIM Accounts can be restricted by the designated official at each agency.

INDIVIDUAL RETIREMENT ACCOUNT (IRA)--A tax deferred pension or plan that sets aside money now for the needs of the person after retirement.

INELIGIBLE--Not entitled to receive benefits because of not meeting one (1) or more of the specified non financial or financial requirements of eligibility.

INHERITANCE--Property received or anticipated to be received from a relative or other person by legal succession or will.

INITIAL ASSESSMENT--A determination of employment potential and the need for intensive case management.

INITIAL ELIGIBILITY DETERMINATION--The act of evaluating eligibility factors for each child and caretaker relative who apply for TANF cash assistance and finding the case eligible or ineligible.

IN-KIND INCOME--The receipt of good(s) and/or service(s) instead of money for the activities or work of an individual. The benefit must be evaluated to determine a value. If the benefit is provided in the form of food or shelter, it is considered earned income and must be counted in the determination of eligibility.

INMATE OF A PUBLIC INSTITUTION--An incarcerated individual from the date of actual incarceration in a prison, county, city or tribal jail until permanent release, bail, probation or parole. An individual, released from prison or jail due to a medical emergency, who would otherwise be

incarcerated but for the medical emergency, is considered to be an inmate of a public institution.

INSTITUTION--An establishment that furnishes (in single or multiple facilities) food, shelter and treatment or services to four (4) or more persons who are unrelated to the proprietor.

INSURANCE SETTLEMENT--The money received by a person or persons from a company for damage of property or person.

INTACT FAMILY--A filing unit consisting of both parents and their children living together.

INTERVIEW--To question or converse with a person face-to-face or by other means of communication to exchange information.

J

JERP	Job Supplement One-time Employment Related Payment (ended 06-30-01)
JSP	Job Supplement Program (ended 06-30-01)

JOB READINESS ACTIVITIES--Secondary activities centered on pre-employment preparation and training, limited to 5-10 hours per week as a FIA/EP activity.

JOB SKILL TRAINING--Vocational training for a specific occupational area conducted by an instructor in a non-work-site (or classroom) setting.

JOINTLY OWNED PROPERTY--Presumed to be owned in equal shares by each of the persons holding a legal interest, unless otherwise specified in a legal document such as a deed or divorce decree. A court-ordered right of ownership takes precedence over any contrary verbal claim or stipulation on any document.

K

KEOGH--A tax deferred pension or plan for a self-employed individual to set aside money now for the needs of the individual after retirement.

KNOWLEDGEABLE SOURCE--A person who has a considerable degree of familiarity, which has been gained through experience or association with an individual or subject; a person who is professionally aware of the value of the property in the community.

L

LIEAP Low-Income Energy Assistance Program
LTR Lawful Temporary Resident

LANDLORD-TENANT AGREEMENT--A written agreement between a landlord (property owner) and a tenant in which the landlord gives the tenant temporary possession and use of the residence for a specified sum of money.

LEASE INCOME--Payment distributed in accordance with a lease agreement.

LEGAL RECORDS--Documents of transactions conforming to or permitted by law.

LIEN/ENCUMBRANCE--A security interest or claim upon real or personal property to ensure satisfaction of a debt. The lien amount must be paid up in order for title to property to be transferred from one owner to another.

LOAN--A transaction in which money is given to another and must be repaid.

LUMP SUM PAYMENT--Earned or unearned, nonrecurring income, considered as a resource in the month received.

M

MA Medical Assistance
MACCS Montana's Automated Child Care System
MCA Montana Codes Annotated
MSD Medicaid Services Division
MISTICS The Montana DOLI on-line system available to TEAMS users to verify unemployment insurance benefits.

MAINTENANCE--The act of providing the supplies or funds needed to sustain basic needs.

MEDICAID--The program for the payment of covered medical expenses for persons who are categorically eligible, eligible for nursing home care or medically needy.

MEDICALLY NEEDY--An individual or family otherwise eligible for medical assistance but whose income is above the limits allowed for the categorically eligible.

MINERAL RIGHTS--The ownership or interest in land below the surface.

▶ MINOR CHILD--A child who is:

1. under age 18, or if age 18, but less than 19 is a full-time secondary school student or in the equivalent level of vocation or technical training, and

2. living with a specified relative.

▶ MINOR PARENT--An individual under age 18, married and caring for his/her minor child; or emancipated by the court.

MONTH RECEIVED--The benefit month in which money may be available to the applicant or participant or in which the person will receive money in-hand. SSA and SSI payments are exceptions to this definition, as the payment is made at the end of a month (usually because of holiday mail) for use during the following month.

MUTUAL FUND--A company without fixed capitalization, freely buying and selling its own shares and using its capital to invest in other companies.

N

NADA	National Automobile Dealers' Association
NMI	Net Monthly Income Standard
NDNH	National Directory for New Hires

NATIVE HAWAIIAN OR PACIFIC ISLANDER--A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

NEED STANDARD (NMI)--The amount of money required by the filing/assistance unit to purchase essential items to sustain life.

NEGOTIABLE INSTRUMENT--A written unconditional agreement signed by a person who promises to pay a specific sum of money at a specific time or on demand to the person, company, corporation or institution named on the note. A negotiable instrument may or may not involve the loan of money or goods.

NET MONTHLY INCOME (NMI) STANDARDS--Need Standard for each size filing/assistance unit.

NET PROFIT--Gross revenue less allowable business expenses.

NON-EXEMPT (COUNTABLE)--Income and resources used to determine eligibility.

NON HISPANIC/LATINO--A person who is not Hispanic or Latino according to the definition stated earlier.

NON-LIQUID RESOURCES–Resources which cannot reasonably be immediately converted into cash. The term may be applied to any resource. A resource which has been determined to be non-liquid for any reason is not considered inaccessible or excluded simply because the value of the asset cannot be accessed in the benefit month.

NOTICE OF ACTION—

1. CONTENT

   Complete Notice --Written notice that includes the action the agency intends to take, the reason for the action, the agency policy and state and federal regulations supporting the action, the right to request a fair hearing, the person to contact for additional information, the availability of continued benefits and liability for such benefits if found ineligible in the hearing decision.

2. TIMELINESS

   a. Adequate Notice -- Written notification as stated above, to be received by the individual no later than the date of action or the date payment would have been received.

   b. Timely Notice -- Written notification as stated above, mailed ten days prior to the date of action.

   TEAMS notices are mailed the next working day **after** they are sent from TEAMS, and are not mailed on weekends or holidays.

3. Ten day notice period -- the ten consecutive days immediately following the day the notice was **mailed**.

O

OJT On the Job Training
OPA Office of Public Assistance
OPL On-Line Policy Logs

ON-GOING ELIGIBILITY DETERMINATION--The act of evaluating each open case and finding the case eligible or ineligible.

ORIENTATION--A process to provide applicants with information on program requirements, available supportive services, and their rights and responsibilities.

OTHERWISE ELIGIBLE--Means that the individual is not precluded from eligibility by some other provision of Title IV-A of the Social Security Act or Public Law 104-193 and the individual meets all other program requirements and meets all other non-financial criteria.

OVERPAYMENT--Financial assistance payment received by or for an assistance unit that exceeds the amount for which that unit was eligible.

P

PA	Public Assistance
PARIS	Public Assistance Reporting Information System
PC	Program Compliance
PCA	Program Compliance Auditor
PERP	Pathways One-time Employment Related Payment (ended 06-30-01)
PIU	Program Integrity Unit
PJUSTICE	Department of Justice/Motor Vehicles
PRWORA	Personal Responsibility and Work Opportunity Reconciliation Act

PATHWAYS--A time-limited cash assistance program designed to provide families with opportunities leading to self-sufficiency. The assistance unit's eligibility is limited to 24 months of assistance. (program ended 06-30-01)

PARENTAL CONTROL--Means that the child is financially or otherwise dependent upon a parent with whom he resides even if he is temporarily out of the home.

PARTICIPANT--A person who is eligible for benefits including a person who is under a program sanction or disqualification.

PAYEE--The person in whose name the benefits are issued. The payee can be an eligible or ineligible parent or other specified caretaker relative or a protective payee.

PAYMENT--The act of giving a check or warrant, depositing funds directly into a bank account, or applying funds to an EBT account of the payee or the legal representative.

PENAL INSTITUTION--Any facility in which an individual may be lawfully held against his will by federal, state or local authorities.

PENSION FUND–An investment account (typically with an employer) that is intended to provide income at retirement.

PENSION PAYMENT--A sum of money paid regularly as a retirement or disability benefit.

PER DIEM--Per day; pertains to expenses for cost of meals and lodging.

PERJURY--A willful false statement of a material fact; swearing to what is untrue; or, incompletely answering all questions under oath.
PERSONAL PROPERTY--All belongings owned by the applicant or participant that are not considered real property.

PHYSICAL CARE--The attention given to the physical needs of a child or children.

POST SECONDARY EDUCATION--Attendance at an institution of higher education such as a 4-year college or university, a 2-year vocational technical school, or a proprietary school.

PRIMARY EVIDENCE--A document or record by an official government agency, public institution, business, or individual that would be accepted in a judicial proceeding as establishing the truth.

PRINCIPAL--The capital or main body of an estate or financial holding as distinguished from the interest or revenue from it.

PROBATION/PAROLE VIOLATOR--An individual not fulfilling the requirements of his or her probation/parole; not eligible for assistance.

PROGRAM REQUIREMENT--Specific criteria that must be met in order to establish eligibility.

PROPERTY RESOURCES--Real, personal, tangible or intangible assets owned by an applicant or participant. Property resources include, but are not limited to real property, vehicles, mobile homes, cash, stocks, bonds, savings accounts, the cash value of life insurance, and recreational equipment.

PRORATE--Divide or distribute benefits proportionally based on number of days eligible in the benefit month.

PROSPECTIVE OR PROSPECTED BUDGETING--Calculating eligibility and/or grant amount by using the best estimate of the income and circumstances that are expected to exist in the benefit month.

PROTECTIVE PAYEE--The person, other than the caretaker relative, to whom payment is made and who is managing the funds for the purpose of safeguarding the health and welfare of the child(ren).

PUBLIC (NON-MEDICAL) INSTITUTION--An institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.

PUTATIVE--Commonly accepted or assumed to be, as in putative factor or putative father.

Q

QA	Quality Assurance
QMB	Qualified Medicare Beneficiary

QUALIFIED ALIEN--An individual who has met the non financial eligibility requirement regarding his or her alien status which may allow the receipt of public assistance benefits if otherwise eligible for a specified period of time.

R

RAC	Refugee Assistance Center
RCA	Refugee Cash Assistance
RMA	Refugee Medical Assistance
RPS	Regional Policy Specialist
RQA	Regional Quality Assurance Specialist
R & R	Resource & Referral Agency (child care)
RSDI	Retirement, Survivors and Disability Insurance

REAL PROPERTY--Land and building or immovable objects permanently attached thereto.

RECONCILE--To compare two (2) events and adjust for the difference.

REFUGEE--An alien who has been admitted to the United States under the classification of refugee and is considered a 'qualified alien' for eligibility purposes. Employment is permitted.

RESIDENT--A person who states intent to reside in Montana.

RESOURCES–Resources include but are not limited to all real and personal property owned by a person, as well as money or any property that can converted into supplies, services or benefits; the means of raising money or supplies; the capabilities of raising wealth to supply necessary wants or needs; or the available means or capability of any kind.

ROOM AND/OR BOARD INCOME--Money received for providing meals and/or rooms to people not included in the assistance unit.

S

SAVE	Systematic Alien Verification for Entitlement
SDX	State Data Exchange
SEOG	Student Education Opportunity Grant
SLMB	Special Low-Income Medicare Beneficiary
SOLQ	State On Line Query. Montana's access to Social Security Administration information.
SSA	Social Security Administration
SSI	Supplemental Security Income
SSDIB	Social Security Disability Insurance Benefits
SSIG	State Student Incentive Grant
SSN	Social Security Number

SANCTION--A penalty imposed against a TANF cash assistance participant for failure to cooperate with Family Investment Agreement/WoRC Employability Plan (FIA/EP) requirements. The cash grant is decreased by an amount equal to one individual's share of the grant.

SHELTER COSTS--The amount of money required to provide housing (rent, mortgage payments, motel rates, etc.) and/or utilities (water, sewer, heat, electricity).

SPECIFIED RELATIVE--One of the following individuals living with the dependent child:

1. Father, mother, grandfather, grandmother, brother, sister, uncle, aunt, first cousin, nephew, niece; or persons of preceding generations denoted by prefixes of "grand", or "great"; first cousin once removed; or

2. Stepmother, stepfather, stepbrother and stepsister;

3. One who legally adopts a child or his parent, as well as the natural and other legally adopted children of such persons; and

4. Spouses of any person mentioned above even though the marriage may be terminated by death or divorce.

STEP-PARENT--The spouse of the natural or adoptive child's parent.

STRIKE--Any concerted stoppage of work by employees, including a stoppage by reason of the expiration of a collective bargaining agreement, and any concerted slow-down or other concerted interruption of operations by employees.

SUBSIDIZED--Support with partial financial payment by a governmental agency.

SUPPORTIVE SERVICES--Items and/or services (usually cash) provided to a TANF cash assistance participant by the WoRC Case Manager that are necessary to enable the individual to comply with the Family Investment Agreement/WoRC Employability Plan (FIA/EP) activities.

T

TANF	Temporary Assistance For Needy Families
TC	TANF cash assistance
TEAMS	The Economic Assistance Management System
TPL	Third Party Liability
TR	Transitional Medicaid

TANF CASH ASSISTANCE (TC)--A time-limited cash assistance program designed to provide families with opportunities leading to self-support. The assistance unit's eligibility is limited to 60 months of assistance in a lifetime.

TAX YEAR--The 12 month period on which the income taxes are based; usually the calendar year.

TEAMS--The Economic Assistance Management System - a computerized system that assists in the determination of eligibility and/or grant.

TEEN PARENT--An individual under age 18, unmarried and caring for his/her minor child.

TEMPORARY ABSENCE--The condition created when a member(s) of the assistance unit is away from the home for a specified period of time not to exceed ninety (90) days except in limited circumstances.

TERMINATION--To close a case and/or remove an individual from program eligibility.

THIRD PARTY--Any individual, entity or program that is or may be liable to pay all or part of the medical costs of injury, disease or disability of an applicant or recipient.

TIME LIMITED BENEFITS--Families eligible for TANF cash assistance are limited to 60 months in a lifetime.

TIMELY NOTICE--Written notification mailed at least ten (10) days prior to the date of the action.

TRANSFER--The act of moving the right, title or interest in property from one (1) person to another by sale, gift or exchange. Also includes transfers to joint tenancy or to tenancy in common.

TRANSFER, DATE OF--The date delivery is made on a valid transfer.

TRUST--A property interest held by one person, under a written contract, for the benefit of another.

TRUSTEE--The person(s) given the authority, by a written contract, to manage money set up in a trust.

U

UC or UBI	Unemployment Compensation or Unemployment Insurance Benefits
USCIS	United States Citizenship and Immigration Services (formerly INS)
USDA	United States Department of Agriculture

UNCOMPENSATED VALUE--The current market value of a resource minus the amount of compensation received by the individual in exchange for the resource (if less than the current market value).

UNDERPAYMENT--A cash assistance payment that is less than the amount for which the unit is eligible.

UNEARNED INCOME--All money received that is not earned by providing goods or services. Unearned income includes, but is not limited to gifts, Social Security Income benefits, Veterans' benefits, Workers' Compensation payments, Unemployment Compensation payments, child support, interest from checking or savings, etc. and returns from capital investments which the individual himself is not actively engaged.

UNPAID PRINCIPAL--The amount that remains to be paid on an agreement to buy or sell.

UTILITIES--The services provided for water, sewer, electricity, and heating fuel.

V

VISTA	Volunteers In Service To America
VR	Vocational Rehabilitation

VALID LOAN--A loan for which the lender delivers a sum of money to a borrower. The borrower must express or imply, either orally or in writing, an obligation to repay.

VENDOR--The person or business that provides goods or services.

VERIFICATION--A document or written statement attesting to the validity of a particular fact or event that is needed to determine eligibility or establish compliance with program requirements.

VERIFY--To check, confirm or establish whether a statement or condition is true or accurate by obtaining a copy, viewing a copy or obtaining a verbal description of the evidence.

W

WEX	Work Experience
WIA	Workforce Investment Act
WIC	Women, Infants, and Children's Program
WoRC	Work Readiness Component
WSP	Work Support Payment

WARRANT--The written document (check) that authorizes the State of Montana to pay the stated amount to the specified person and which authorizes receipt of the payment.

WHITE--A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

WEX--A primary component of TANF activities that provides work experience at a WEX site placement.

WoRC–Work Readiness Component of TANF cash assistance to assist participants in becoming self-supporting by providing needed employment-related activities and supportive services.

Work-eligible individual—An individual whose participation in work activities contributes to determining whether the family counts in the calculation of the work participation rate.

Work Support Payment--Money allocated to help the participant bridge the gap between the closure of TANF cash assistance and the receipt of employment income into the household.

DB

ΦΦΦ

Department of Public Health and Human Services	Section: TABLE OF STANDARDS
TANF CASH ASSISTANCE	Subject: Monthly Income Standards

Supersedes: TANF 001 (10/1/05)

References: ARM 37.78.102 and .420; House Bill 2, 2007 Legislature

GENERAL RULE-- The tables of standards contain the income and benefit payment (grant) limits based on the number of persons in the assistance unit. Income and benefit standard changes affect all ongoing cases and applications for October benefits.

These standards set the financial eligibility income requirement for the filing/assistance unit as a whole. There are four sets of income standards each addressing unit size. These standards are based on the Federal Poverty Level (FPL) and are:

1. the gross monthly income standard, based on the **2002** FPL
2. the net monthly income standard, based on the **2002** FPL
3. the benefit standard, based on the **2002** FPL
   and
4. the payment standard, based on the **2007** FPL

NOTE: From the implementation of the payment standard, in October 2005, through June 30, 2007, the payment standard was based on 33% of the 2005 FPL.

For each benefit month, the total countable income of the filing/assistance unit is first tested against the gross monthly income (GMI) standard; then, (after specified disregards) against the benefit standard. These standards are programmed in TEAMS and do not have to be entered by the worker.

NOTE: The net monthly income standard is no longer used in the determination of eligibility but the standard is used in other areas (i.e., the deeming process) so the table will remain in the manual.

Collectively, the filing/assistance unit must pass both income tests as one of the financial eligibility requirements. There is no change in this process.

If the net countable income is equal to or greater than the Benefit Standard, the household is ineligible. If the net countable income is less than the Benefit Standard, and the unit is otherwise eligible (passes the resource test and all nonfinancial eligibility requirements), the benefit

amount is determined by subtracting the unit's net countable income from the payment standard.

FILING/ ASSISTANCE UNIT SIZE

The filing/assistance unit size is the number of adults and/or children required to be included in determining eligibility. For example, if the required members are a mother and her two children, the unit size is three (3); if the unit members are a mother, a father, and their three children, the unit size is five (5).

Once the required unit members are entered to TEAMS with the appropriate Participation Code (Section 300), TEAMS counts the 'IN' participants and uses the correct household size for income standards.

TEAMS PROCESSING

TEAMS tests the income of each unit against the standards for a unit of its size and circumstances. Refer to TANF 602-1 for budgeting procedure.

GROSS MONTHLY INCOME STANDARDS TO BE USED
(30% of FY 2002 Federal Poverty Level)

Family Size	GMI Per Month
1	$ 522
2	703
3	884
4	1,066
5	1,249
6	1,430
7	1,611
8	1,793
9	1,974
10	2,155
11	2,337
12	2,518
13	2,699
14	2,880
15	3,062
16	3,245
17	3,426
18	3,608
19	3,789
20	3,970

NET MONTHLY INCOME STANDARDS TO BE USED
(30% of FY 2002 Federal Poverty Level)

Family Size	NMI Per Month
1	$ 282
2	380
3	478
4	576
5	675
6	773
7	871
8	969
9	1,067
10	1,165
11	1,263
12	1,361
13	1,459
14	1,557
15	1,655
16	1,754
17	1,852
18	1,950
19	2,048
20	2,146

BENEFIT STANDARDS TO BE USED
(30% of FY 2002 Federal Poverty Level)

Family Size	Benefit Standard Per Month
1	$ 221
2	298
3	375
4	452
5	530
6	607
7	684
8	761
9	838
10	915
11	991
12	1,068
13	1,145
14	1,222
15	1,299
16	1,377
17	1,454
18	1,531
19	1,608
20	1,685

PAYMENT STANDARDS TO BE USED

(Effective 7/1/07 set at 33% of the FY 2007 Federal Poverty Level)

Family Size	Payment Standard Per Month
1	$ 281
2	376
3	472
4	568
5	664
6	759
7	855
8	951
9	1046
10	1142
11	1238
12	1333
13	1429
14	1525
15	1621
16	1716
17	1812
18	1908
19	2003
20	2099

DB

ΦΦΦ

Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: APPLICATION PROCESS Subject: Confidentiality

Supersedes: TANF 101-1 (07/01/05)

References: MCA 41-3-205; ARM 37.78.106; ARM 37.78.102

GENERAL RULE--The Department of Public Health & Human Services (DPHHS) may share client information for purposes directly connected with the administration of the TANF cash assistance programs with other federal programs and certain entitled entities.

AGENCY PERSONNEL

Only qualified program employees, restricted from disclosing confidential information, shall conduct the required interviews.

NOTE: Non-program employees may conduct interviews or certify applicants when specifically allowed under federal regulation (e.g., federally declared disaster).

VOLUNTEERS

Volunteers or others who are not employed by DPHHS may not determine eligibility. However, they may assist in related activities such as:

1. obtaining necessary information; and

2. helping applicants complete the application form.

Volunteers are restricted from disclosing confidential information.

RELEASE TO PARTICIPANT

The applicant/participant may review all information in the case file that was considered when making the eligibility determination. Privileged information, such as the name of individuals who have disclosed information about the household without the household's knowledge or the nature or status of pending criminal prosecution, may be withheld.

The agency must also make available, **without charge**, the specific materials necessary for a household or its representative to determine whether a fair hearing should be requested or to prepare for a hearing.

RELEASE TO OTHERS WITHOUT PRIOR AUTHORIZATION

Confidential information concerning the applicant or participant, without notice to or permission of the individual, may be provided and used for the following purposes:

1. Reporting child abuse and neglect to the appropriate authority (MCA 41-3-205);

2. Conducting child support activities;

3. Establishing eligibility and administering (including audits, investigations, prosecutions, etc.) federal programs or federally assisted programs which provide assistance (cash, in-kind, or services) directly to individuals based on need.

► **NOTE**: When the county office receives a request for information related to fraud investigations involving TANF or Medicaid programs, refer the requestor to the appropriate policy specialist.

4. Only the participant's address can be released to a federal, state or local law enforcement officer who presents a written request for information which includes the participant's name and specifies that the individual:

   1. is fleeing to avoid prosecution, custody or confinement for a felony;

   2. is violating a condition of parole or probation; or

   3. has information necessary for the officer to conduct official duties.

5. When information is necessary to provide emergency medical care for the participant, the information must be released. As soon as possible thereafter, the applicant or participant must be notified of the release of information.

6. Notification of an appropriate person, authority or other entity that an applicant or participant is making threats to harm himself or herself or to harm others, in order to prevent or lessen the threatened harm.

Requests for information about current or past participants who do not meet the above criteria must be submitted in writing to the Regional Policy Specialist. When there is a question about a breach of confidentiality, the request will be referred to the Office of Legal Affairs.

AUTHORIZATION TO RELEASE INFORMATION HCS-101

This form is used to assist the applicant/participant in obtaining information necessary to determine eligibility. HCS-101 explains the client's right to confidentiality and gives the applicant/participant the option of authorizing the release of information or declining to authorize the release of information.

EXAMPLE: An applicant has been working and is unable to provide verification of current income. The Eligibility Case Manager should use the signed HCS-101 to contact the employer and obtain verification of income to assist the applicant.

The authorization expires one year from the date of signature, so must be completed at application and yearly thereafter. The participant/applicant always has the right to rescind the authorization in writing. Because an individual cannot waive another's right to confidentiality, each adult household member should be given the opportunity to review and sign the HCS-101.

NOTE: **Signing the HCS-101 is not a condition of eligibility.** However, if the participant/applicant does not wish to sign the form it should be case noted that they were given the opportunity, refused and intend to provide the information without assistance.

ONE TIME ONLY AUTHORIZATION TO RELEASE INFORMATION HCS-102

HCS-102 is used for incident specific release of information. The applicant/participant needs to be very specific about what information they are authorizing to be released. Not every applicant/participant would need to sign the form. This should only be signed as needed on a case by case basis. The client sets the amount of time the authorization is in effect for and can rescind the authorization at any time in writing.

EXAMPLE: A WoRC Case Manager may need to obtain a copy of a treatment plan from CFSD Social Worker in order to coordinate the treatment plan and Family Investment Agreement/ Employability Plan (FIA/EP) activities. The participant would complete the HCS-102 and would select the length of time that the authorization will be in effect.

INTER-AGENCY AUTHORIZATION TO RELEASE INFORMATION HCS-103

HCS-103 is used to share information between agencies that is necessary to facilitate case management. It is used to share general participation information such as progress reports, enrollment, attendance and participation. The participant/applicant would only need to sign this form if they are involved in case management activities with the WoRC case manager.

SR

ΦΦΦ

Department of Public Health and Human Services	Section: APPLICATION PROCESSING
TANF CASH ASSISTANCE	Subject: Civil Rights

Supersedes: FMA, MA and TANF 102-1 (01/01/06)

References: MCA 49-2-308; ARM 37.78.102 and 37.82.101

GENERAL RULE--State and County staff shall not discriminate against any applicant or participant in any aspect of the program administration for reasons of race, color, national origin, age, religion, sex, political beliefs, handicap, or marital status.

Examples of discrimination include but are not limited to:

1. denying assistance or other benefit provided as a part of the program;

2. providing a different service, assistance or other benefit, or providing these in a different manner from those provided to others under the program; or

3. segregating or separately treating individuals in any manner related to the receipt of any service, assistance or other benefit.

COMPLAINT PROCEDURE

Individuals receiving benefits who believe they have been subject to discrimination may file a written complaint no later than 180 days from the date the alleged discrimination occurred. A written complaint form should contain the following:

1. Name, address, and phone number. If a third party (spouse, attorney, etc.) files the complaint on behalf of an individual, he/she should include his/her name, address, phone number and relationship to the complainant;

2. Name and location of the agency accused;

3. How, why, and when the offense occurred;

4. Other relevant information such as the names, titles, and addresses of people who may have knowledge of the alleged act; and

5. The complainant's signature.

A form may be requested from the Office of Civil Rights in place of a written complaint.

The complaint should be filed with either the:

1. Office of Regional Manager
   Office for Civil Rights
   1961 Stout Street Room 1426
   Denver CO 80294-3538

   OR

2. Office for Civil Rights
   U.S. Department of Health and Human Services
   200 Independence Avenue, S.W.
   Room 509-F, HHH Bldg.
   Washington, D.C. 20201

   OR

3. Civil Rights Coordinator
   Human & Community Services
   DPHHS
   P.O. Box 202925
   Helena, MT 59620-2925

DEPARTMENT RESPONSIBILITIES

The Civil Rights Coordinator or County Office personnel shall identify each known complaint as a program issue or as a civil rights issue by addressing the following:

1. Identify the specific protected class (e.g., race, age, handicap, etc.);

2. Explain the complaint procedure to the individual; and

3. Advise the individual of his/her right to file a complaint.

OTHER COMPLAINTS

Complaints, other than Civil Rights complaints, such as processing delays or general service must be investigated and resolved by the:

1. Eligibility Supervisor;

2. County Director; or

3. Field Manager.

CwC/DB

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Department of Public Health and Human Services	Section: APPLICATION PROCESSING
TANF CASH ASSISTANCE	Subject: General Complaint Procedure

Supersedes: TANF 102-2 (07/01/05)

▸References: ARM 37.78.101 and .102

GENERAL RULE: Federal law requires states to maintain a system for handling general program complaints filed by participants, potential participants, or other concerned individuals or groups. This shall not include complaints alleging discrimination based on the protected classes outlined under Civil Rights law, or complaints that can be pursued through the fair hearing process.

DEFINITION:

General Program Complaint: Any complaint regarding such areas as processing standards, or service to participants and potential participants.

Examples of complaints:

- Consistently late benefit delivery
- Late processing of applications
- Staff rudeness or misunderstandings
- Concern about office hours or access
- Information not being shared or telephone calls not being returned

RESPONSIBILITIES:

Department: The department will maintain records for three years of complaints received and their disposition, and will follow up to see that the complaints are responded to and resolved. The records will be reviewed at least annually to assess whether patterns of problems may be present in local offices, project areas or throughout the state and to identify causes of those problems.

When warranted, the department may have to take corrective action in the resolution of certain complaints.

In addition the department will make information on the complaint system available to participants, potential participants and other interested persons. This can be done with written materials, posters, or other appropriate means.

Directors and Supervisors: Directors and Supervisors are responsible for notifying participants and the public of their right to file general program complaints. They will maintain a central complaint log that contains at least the minimum information listed below, and will follow up on complaints to see that they are responded to and resolved.

Complaints need to be reviewed periodically to see whether patterns of problems may be present and to identify possible causes of the problems. County Directors and Supervisors are responsible to ensure that staff is trained on the proper processing of complaints.

Employees: Employees are responsible to record complaints received and see that they are logged, responded to and resolved.

COMPLAINT LOGS: County offices may use their own discretion in developing the forms for recording complaints and in developing their logs. This does not have to be consistent across the state. However, stacks of sticky notes or little scraps of paper are not adequate to constitute a complaint log. Complaint logs need to contain the following minimum information:

- Name, address and phone number or other means of contacting the complainant.
- Name and location of the organization, office, or person the complaint is against.
- The date(s) on which the action causing the complaint occurred.
- The reason for the complaint.
- The action taken and the resolution or disposition of the complaint.

▸MONITORING: Complaint logs will be routinely reviewed during TANF program reviews. Logs will be evaluated for completion, complaint resolution and will be analyzed for patterns of problems and potential causes and solutions.

SR

ΦΦΦ

Department of Public Health and Human Services	Section: APPLICATION PROCESSING
TANF CASH ASSISTANCE	Subject: Filing an Application

Supersedes: TANF 103-1 (07/01/06)

References: ARM 37.78.101, .102, .226 - .228 and .424

GENERAL RULE--Applications for TANF cash assistance are voluntary and initiated by the person in need, his/her authorized representative, or if incompetent or incapacitated, someone acting responsibly on his/her behalf.

Individuals may receive benefits as a member of only one assistance unit in Montana within the same month. However, because grant amounts vary between states/tribes, households applying for benefits that have already received TANF benefits in the month of application from another state/tribe may be eligible for a grant amount equal to the difference between what they have received and what Montana would issue. (See 501-1 page 2 for TEAMS coding.)

APPLICATION FORM: HCS-250

Application is made by completing Form HCS-250, "Application for Assistance" and submitting it to the Office of Public Assistance (OPA). Upon receipt of the application, the application must be registered in TEAMS.

In completing and signing the application, the individual attests to the truth, accuracy, and completeness of the information provided and declares that he/she understands the penalty for misrepresenting the family's circumstances, either by false statements or omission of information. The HCS-250 is a generic application and can be used for all programs.

NOTE: **A completed application cannot be required prior to scheduling an interview for TANF cash assistance**. An interview may be scheduled without any application being submitted. An interview must be scheduled when the front page of the application is received in the OPA.

Each adult household member must sign the last page of the application unless he or she is incompetent or incapacitated. If that situation exists, then the application must be signed by someone acting responsibly on his or her behalf in order for it to be considered a completed application.

Some individuals who do not have an authorized representative may need help in completing the application and accompanying forms. The OPA staff (volunteer, an administrative assistant, the Eligibility Case Manager,

etc.) should assist the individual. Any portion of the form completed by a person other than the applicant or the authorized representative should be initialed by the person taking the action.

►APPLICATION MADE BY OPA STAFF/FAMILY

Special handling is given to an application made by an employee or by an employee's immediate family to avoid a conflict of interest and to ensure privacy. Cases having a conflict of interest between a household and an OPA employee are assigned to an OPA staff member accordingly by the OPA supervisor or designee.

PLACE OF APPLICATION

Applications may be made at an Office of Public Assistance in any county in Montana.

If an application is submitted in a county other than the applicant's residential county, the county receiving the application shall make an eligibility determination.

If the county of application is adjacent to the county of residence, the case will remain in that adjacent county at the participant's request. The WoRC contractor in the County that is maintaining the case, if the case is referred to WoRC would provide case management services.

If the county of application is **not** adjacent to the county of residence, the case **must** be transferred to the participant's county of residence or an adjacent county unless the household is considered temporarily absent from their home. See 'Temporary Absence' in TANF 302-1.

NOTE: If multiple programs are open (e.g., FS, TANF and FMA), all programs must be maintained in the same county OPA, and the strictest program policy (TANF) must be followed.

At the applicant's request, the receiving county may forward the application by fax (first page) and mail the original to the OPA in the applicant's county of residence or an adjacent county the same day it is received. The receiving county OPA will register, schedule an interview, and process the application.

When conditions preclude an individual from coming to the office, the opportunity to submit an application at a mutually agreed upon place, by mail, or through a home visit will be offered. Applications are accepted in the offices during regular working hours. Offices are closed on all state and/or federally designated holidays.

►TRIBAL TANF Applicants meeting the eligibility criteria for a Tribal TANF Plan may submit the application to the Tribal TANF Office in their location or to the local OPA. The OPA will forward the application to the Tribal TANF office as necessary. (TANF 103-7)

►APPLICATION DATE The application date is the date the first page of the application (HCS-250), is received in the OPA and date-stamped. Submission of the front page protects the application date.

► **NOTE:** The OPA must attempt to provide a same day interview, send the A032 "TANF Interview Scheduled" notice if appropriate, provide the TANF Participation Information Pamphlet and send the A034 "TANF Participation Information" notice to households making application for TANF benefits. (TANF 103-2)

► If the remaining pages of the application are completed and received within the **30**-day application processing period, the household may be determined eligible, as long as all eligibility requirements are met as of the day the front page is submitted. If the remaining pages of the application are not received by the end of the **30**-day application processing period, the application is denied.

► If the application had previously been received and processed for benefits other than TANF cash assistance (i.e., food stamps), it is still valid for **30** days following the date received. If TANF cash assistance is requested within those **30** days (even if already interviewed and processed for other benefits), the application date is the **original application date**, not the date additional benefits were requested.

► If the household is not eligible on the application date, the application is less than **30** days old and **no action has been taken on the application for cash assistance** (i.e., approved or denied), the start date of cash assistance benefits can be changed with the **written** consent of the applicant. If the household does not want to request a new start date, the application would be denied.

► **EXAMPLE:** Household turns in application on 7/10/07; interview is completed on 7/20/07. At the interview the Eligibility Case Manager discovers that the household was over resources as of the date of application but is under resources as of 7/12/07. As long as no action has been taken on the application, the household can request in writing that the benefit start date be changed to 7/12/07. If the participant does not want to request a new start date of benefits, the application would be denied because the household was

over resources as of the date of application. If the household is eligible in the second month, the Eligibility Case Manager can deny first month approve second and send TEAMS notice A124 'Approve 2nd Month Deny First'.

► **If the application for cash assistance has been denied or withdrawn, but the original application is less than 30 days old, a Reapplication Addendum (HCS-249) would be required.** (See below)

►REAPPLICATION WITHIN 30-DAYS OF APPLICATION

When an application has been properly denied and the original application is less than 30 days old, the household may reapply using a REAPPLICATION ADDENDUM (HCS-249). The new application date will be the date that the Reapplication Addendum is received in the OPA. The 30-day processing time frame will start from the date the Reapplication Addendum is received. **The start date of TANF benefits will be calculated as outlined in TANF 103-5.**

As the original application was denied properly, do not revert the case to open. Use the quick registration process.

► **NOTE:** The OPA must attempt to provide a same day interview, send the A032 "TANF Interview Scheduled" notice, provide the TANF Participation Information Pamphlet and send the A034 "TANF Participation Information" notice to households making application with the HCS-249 form. (TANF 103-2)

► **EXAMPLE:** Two parent household turns in original application on October 16. Household was interviewed on October 20 and was determined to be over income due to Dad's wages. The worker asked the household if they expected any changes and none were expected. The application is denied and a denial letter is mailed that day. On October 31, Mom calls and reports that Dad has left her and the children. She wants to reapply for assistance. Because the original application is less than 30 days old, she can reapply using the Reapplication Addendum.

The Eligibility Case Manager explains to Mom that the new date of application will be the date the Reapplication Addendum is received in the office. It is important that Mom be given the opportunity to review her original application to make changes and sign the Reapplication Addendum as soon as possible.

Mom reviews the application, makes corrections and signs the Reapplication Addendum on November 3. This becomes the new application date. An appointment to negotiate a FIA should be scheduled as soon as possible. The start date of benefits will be calculated as outlined in TANF 103-5.

►REAPPLICATION MORE THAN 30 DAYS AFTER ORIGINAL APPLICATION DATE

If the effective date of case closure has passed or the original application is more than 30 days old and has been denied, a new application (HCS-250) is required.

DROP BOX

Items placed in a Drop Box overnight or over a weekend should be date-stamped with the prior working day's date. Items placed in the Drop Box during a day's business hours will be date-stamped with that date.

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Department of Public Health and Human Services	Section: APPLICATION PROCESSING
TANF CASH ASSISTANCE	Subject: Interview / Home Visits

Supersedes: TANF 103-2 (07/01/07)

References: ARM 37.78.101, .102, .206, .226 - .228 and .424

GENERAL RULE--Individuals who are applying for TANF cash assistance are required to be interviewed face-to-face. That interview can be conducted in the OPA or at another location that is convenient for the applicant.

PRIORITY APPOINTMENTS

In order to meet the participation requirement and to prevent loss of federal funds, the OPA must attempt to provide a same day interview to all TANF applicants.

If a same day interview is not completed, the OPA must schedule an interview appointment for the applicant and send TEAMS notice A032 "TANF Interview Scheduled" to the applicant. If the OPA offers walk in appointments, the notice may contain generic information outlining the availability of the walk in appointments.

This notice outlines the following information:

1. The requirement to complete a face to face interview;

2. The date and time of the scheduled interview;

3. The requirement for all household members who are required to negotiate a Family Investment Agreement/Employability Plan (FAI/EP) to do so, prior to benefits being authorized for the household; (TANF 701-1 and 701-2); and

4. Benefits in the initial month of application will be pro-rated based on:

    a. whether or not the household includes individuals who are required to negotiate a FIA/EP;

    b. which case management entity (WoRC or Tribal NEW) they will be referred to for case management services; and

    c. the date all household members who are required to negotiate an EP with the WoRC Case Manager have done so, if they are referred to WoRC for case management services. (TANF 103-5)

INITIAL INTERVIEW

At the initial interview, a Family Investment Agreement (FIA) should be negotiated for work eligible individuals who are required to participate in employment and training activities. The applicant(s) must be advised of their rights and responsibilities related to work participation and outlined on the FIA. Both the OPA case manager and applicant must sign the FIA. The applicant must be immediately referred to WoRC or Tribal NEW for case management services.

If the individual is referred to WoRC, the individual must be informed that:

1. TANF benefits cannot be authorized until they have negotiated an Employability Plan (EP) with WoRC; and

2. TANF benefits will be pro-rated in the initial month of application based on the date that all household members who are work eligible individuals have negotiated an Employability Plan with the WoRC Case Manager. (TANF 103-5)

NOTE: The FIA/EP (manual and TEAMS) have been updated to contain this information.

WoRC Offices must schedule an appointment with the applicant within three (3) working days of the referral from the OPA. This initial appointment will be used to provide orientation and to negotiate the initia Employability Plan (EP) with the individual(s). The WoRC Case Manager must review the employment and training participation and verification requirements outlined in the WoRC Employability Plan section of the FIA/EP with the applicant. Both the WoRC Case Manager and applicant must sign the EP. (See TANF 801-3 for information on Extended Benefit cases.)

PARTICIPATION INFORMATION PAMPHLET AND NOTICE

All applicants must be informed of the requirement to immediately participate in allowable work activities, even if they have not negotiated a FIA or EP and even if the financial eligibility determination is not yet completed pending other verifications, etc.

TANF Participation Information Pamphlet: All TANF cash assistance applicants must be given a TANF Participation Information Pamphlet (HCS-710) at the time they turn in the application. The HCS-710 provides a list of possible participation activities that the participant can work on between the date of application and the date of the appointment and a participation calendar that explains the required number of participation hours for single and two parent households. It also provides an example for completing the calendar.

NOTE: The HCS-710 must be explained to the applicant at the time it is given to them. It will need to be provided for each household member who is required to participate in employment and training activities.

The A034 TANF Participation Information notice which mimics the HCS-710 booklet must be sent off TEAMS when a TANF application is registered. This notice is to be sent regardless of current case status.

INTERVIEW

The face-to-face interview will set the tone for the applicant's relationship with the Eligibility Case Manager and other county staff. Communication focuses on the expectation the individual is responsible and accountable and stresses the **temporary** nature of TANF cash assistance.

Interviewing includes securing specific information about the family's needs and circumstances. The applicant will be instructed to provide verification of specific financial and non financial eligibility criteria (e.g., wage stubs, birth certificates, divorce decree, etc.), and is allowed a maximum of **30** days following the application date to provide information and obtain requested verification unless there are extenuating circumstances.

NOTE: **OPA offices cannot require a completed application prior to scheduling an interview**. An interview may be scheduled without an application being completed. An interview **must** be scheduled when the front page of the application is received in the OPA.

During the interview, the Eligibility Case Manager will:

1. Provide information about available community resources;

2. Provide information about benefits and services of the various public assistance programs;

3. Provide information about Family Violence Option (HCS-174 Universal Notification of the TANF Family Violence Option);

4. Explain the individual's rights and responsibilities and complete the assessment of the individual's status regarding probation/parole violations, fleeing felon, or convicted drug felon (TANF 103-3). The form HCS-220, "Rights and Responsibilities" may be used for this purpose but the applicant is not required to sign the form;

5. Explain the purpose of Form HCS-101, "Authorization to Release Information". Because an individual cannot waive another adult's right to confidentiality, each adult household member should be given the opportunity to review and sign the HCS-101;

   NOTE: If the applicant(s) does not want to sign the HCS-101, continue with the eligibility determination. Document TEAMS Case Notes (CANO) that he/she was given the opportunity, refused and intend to provide all necessary information without assistance.

6. Provide information about the Earned Income Tax Credit (EITC);

7. Inform the individual that his/her records are subject to computer matching;

8. Explain that TANF cash assistance is a time-limited program;

9. Explain that cooperation with Third Party Liability (TPL), the Health Insurance Premium Payment System (HIPPS), Program Compliance and Child Support Enforcement (CSE) are basic eligibility requirements, in addition to the requirement to accept and maintain employment;

▶ 10. Explain the available benefits of the TANF cash assistance program, including supportive services;

▶ 11. Explain the specific program requirement to negotiate a Family Investment Agreement/Employability Plan; to participate in allowable work activities and to provide verification and documentation of participation in allowable work activities;

▶ 12. Explain the consequences for non-compliance in allowable work activities, the sanction penalties and the requirement for an individual who has been sanctioned at least twice since January 1, 2008, to participate in an intensive case management meeting as an eligibility requirement; and

13. Complete Form HCS-100 "Out of State TANF Benefit Verification Request" requesting declaration of possible states or Tribes any adult may have received TANF in since 1996. (TANF 801-1)

The Eligibility Case Manager's opening statements should establish the employment focus of TANF and allow the applicant to state the family's needs. If an applicant is presently working or has a job offer, information must be given about other community resources which may meet the

family's need(s) thus possibly diverting them from programs with time-limited benefits.

HOME VISITS

In rare instances; home visits can be made to facilitate the eligibility determination for those individuals who are not able to travel to the local office and do not have someone acting as their authorized representative. A home visit, for eligibility determination purposes, should be made during regular working hours and **prior arrangements must be made** with the applicant/participant. There will be no violation of privacy, personal dignity, harassment or violation of the individual's civil rights. The Eligibility Case Manager will not enter the home by force or search the home.

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Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: APPLICATION PROCESSING Subject: Rights and Responsibilities/Self Declaration of Status

Supersedes: TANF 103-3 (01/01/07)

References: ARM 37.78.101, .102, .226 - .228 and .424; SB 29 2005

GENERAL RULE: The Eligibility Case Manager will inform all individuals applying for and receiving assistance of their rights and responsibilities. Under this requirement, information is conveyed in oral or written form, as appropriate at the time of application and redetermination.

Each caretaker relative must declare, either verbally or in writing, the status of each household member in the filing unit. This declaration must be made at application and redetermination.

APPLICANT/ PARTICIPANT RIGHTS

The rights of a TANF cash assistance applicant or participant are to:

- Be informed that the case information is confidential and is shared only for purposes directly related to the administration of the program;
- Be assisted with the application process and redetermination by an individual or individuals of his/her choice;
- Be informed in writing or orally about coverage, conditions of eligibility, scope of the program, the temporary focus of the program, and related services available;
- Be informed of the consequences for failure to comply with all non financial and financial eligibility requirements;
- Be informed of the disqualification penalties for an intentional program violation and fraud;
- ► Be determined eligible or ineligible within **30** days following date of of application unless the county is unable to make a determination due to a delay caused by a third party that is beyond the control of the participant or Eligibility Case Manager;
- Be informed of changes in eligibility and benefits;

- Be informed of the right to a fair hearing if he/she disagrees with the action taken;
- Receive an unrestricted money payment unless limited by program regulations;
- Claim good cause for not complying with an eligibility requirement;

  and
- Have his/her Civil Rights protected;

APPLICANT/ PARTICIPANT RESPONSIBILITIES

The responsibilities of the applicant or participant are to:

- Complete and sign the application form and all other required forms;
- Provide information and verification as required;
- Take necessary steps to obtain all income to which they are entitled;
- Comply with all non-financial requirements (TANF 300); and

  NOTE: Failure or refusal to comply with a **non-financial eligibility requirement** without good cause results in case closure or denial of benefits.
- Report all changes in the family's circumstances as soon as possible but within ten (10) days of having knowledge of the change to assure issuance of correct benefits (TANF 1501-1);

SELF DECLARATION

Each caretaker relative is required to declare, under penalty of perjury, whether they or anyone in their household is an individual who:

1. is fleeing to avoid prosecution, custody or confinement after conviction for a crime, which is a felony under the laws of the place from which the individual flees (TANF 201-1);
2. is violating a condition of probation or parole imposed under Federal or State law (TANF 201-1);

3. has been convicted of a drug-related felony after **August 22, 1996** and who is not complying with the conditions of supervision, whose sentence has not been discharged and who is not actively participating in treatment, if required (TANF 201-1);

4. has been convicted in Federal or State court of having made a fraudulent statement or representation with respect to the place of residence in order to receive benefits (including TANF cash assistance, Food Stamps and SSI) simultaneously from two or more states (TANF 1505-1).

If the individual refuses to sign the statement, the Eligibility Case Manager must continue with the eligibility determination, and document TEAMS Case Notes (CANO). **Benefits cannot be denied because the applicant refused to sign the self-declaration portion of the HCS-220 as long as the household has verbally answered the questions.**

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Department of Public Health and Human Services	Section: APPLICATION PROCESSING
TANF CASH ASSISTANCE	Subject: Verification and Documentation

Supersedes: TANF 103-4 (07/01/07)

References: ARM 37.78.102

GENERAL RULE—Non-financial and financial criteria must be verified and/or documented for all TANF cash assistance applicants and participants.

NOTE: The verification and documentation guidelines also apply when adding a new household member to the TANF household.

Certain criteria (e.g., household composition) only requires documentation on TEAMS case notes (CANO) while other criteria (e.g., living with a specified relative, age of minor child) must be verified as well as documented on CANO.

When documenting on CANO, it is extremely important to be as specific as possible (i.e., 'viewed 3-12-01 pay stub in the gross amt of $212.53, $32.11 earned income tax credit excluded from income calculation; earns $7.08/hr, wkd 30 hrs').

When requesting information/verification, always list the due date as 10 days from the date the TEAMS notice will be mailed. Do not list the 30th day following application as the due date.

NOTE: TEAMS notices are mailed the next working day after they are sent from TEAMS, and are not mailed on weekends or holidays. Example: Notice created on Thursday, 11/9/06 on TEAMS will be mailed on 11/13/06 as 11/10/06 is a holiday. Ten days would be 11/14/06—11/23/06. Due date in notice would be 11/23/06.

An application cannot be denied for "failure to comply" with providing necessary information/verification until the application is at least 30 days old.

NOTE: Staff cannot request verification of information that is not necessary to determine TANF cash assistance eligibility. For example, staff cannot request shelter expense verification for TANF cash assistance.

NOTE: Items placed in a Drop Box overnight or over a weekend should be date- stamped with the prior working day's date. Items placed in the Drop Box during a day's business hours will be date-stamped with that date.

Following is a list of items that must be verified and/or documented and examples of acceptable verification. For more information on each item, refer to the manual section(s) listed.

AGE

Birth certificate, baptismal certificate, school records; **hard copy verification is required**. This is typically the same document used to verify citizenship/alien status and relationship between children and the parent or caretaker relative. (TANF 304-1)

CITIZENSHIP/ ALIEN STATUS

Birth certificate, baptismal certificate, INS (USCIS) documentation along with SAVE results, US passport, certificate of birth, report of birth abroad; **hard copy verification is required**; document citizenship/alien status on TEAMS case notes. (TANF 301-1 and 301-2)

COOPERATION WITH CSED

Required for TANF cash assistance. Completion of the 'Child Support Enforcement Referral' (HCS/CS-332) satisfies this requirement at application, **unless the TANF case had previously been closed for non-cooperation with CSED within the last six (6) months.** In this instance, the specified caretaker relative must resolve the previous non-compliance with CSED, prior to benefits being issued. (TANF 306-1)

For on going cases, cooperation with CSED is verified through Child Support Enforcement case worker or SEARCHS. All instances of non-cooperation and claims of good cause for non-cooperation must be **documented on TEAMS case notes**. (TANF 306-1, 306-2 and 306-3)

EMPLOYABILITY PLAN (EP)

Required for all individuals who are referred to WoRC for case management services. TANF benefits may not be authorized until all required individuals have negotiated an EP with WoRC and WoRC has authorized the EMPS screen. **The authorization of the EMPS screen will serve as verification this requirement has been met.** The participant does not need to furnish additional documentation However, including the requirement to negotiate an EP and comply with WoRC is acceptable, but not required, on the X009 "Request for General Information" notice.

HEALTH INSURANCE PREMIUM PAYMENT SYSTEM (HIPPS)	Participant statement, employer statement, completed HCS-449; document on CANO whether or not health insurance is available or if coverage currently exists. **Cooperation with HIPPS is a TANF cash assistance non-financial eligibility requirement.** (TANF 307-1)
HOUSEHOLD COMPOSITION	Participant statement, landlord statement, neighbor statement; **document unusual situations on TEAMS case notes**. Hard copy/collateral verification is only required if household composition is questionable. (TANF 201-1; 201-3; 302-1). When a household reports that a household member is absent from the home, the household must complete the HCS-262 "Household Member Absence" form. (TANF 201-3) (For information on verifying marital status/common law/custody situations see TANF 201-2.)
INCOME	Paystubs, employer statements, MISTICS, SEARCHS, BENDEX (TEAMS screens SDI1 and BEII), SOLQ, tax records; **document on TEAMS case notes** what verification was used and how income was derived. (TANF 500 and 600 sections)
►INTENSIVE CASE MGMT MEETING	Verbal statement; written statement or email from the WoRC Case Manager, WoRC Supervisor, OPA Case Manager or OPA Supervisor who participated in the intensive case management meeting with the participant/applicant, indicating the meeting was completed. (TANF 702-3)
LIVING WITH A SPECIFIED RELATIVE	Birth certificate, adoption papers, baptismal certificate, marriage license, divorce decree, death certificate. If the specified relative is not the natural/adoptive parent, document on TEAMS case notes what was used to verify relationship within the fifth degree of kinship. **Hard copy verification is required** in case file. (TANF 305-1)
►PROGRAM COMPLIANCE	The caretaker relative is required to cooperate with Program Compliance Reviews of any involvement unit in the case. If the TANF case has previously been closed due to non-compliance with a Program Compliance Review, the household must meet the eligibility criteria as outlined in TANF 1508-2 prior to TANF benefits being authorized. **TEAMS case notes should be documented outlining how the household regained eligibility and/or the non-compliance was resolved.** (TANF 1508-2)

RESIDENCE

Participant statement, landlord statement, rent receipt; **document unusual living arrangements on TEAMS case notes**. Hard copy/collateral verification is not required unless residence is questionable. (TANF 302-1)

RESOURCES

Bank statements, PJUSTICE, CAMAS, stock certificates, safety deposit box contents; **document all resources not clearly explained/identified by TEAMS coding on TEAMS case notes**. Keep necessary hard copy verification in case file. (TANF 400 sections)

SOCIAL SECURITY NUMBER

Use participant statement; SSA interface will verify. **Hard copy is not required**. (TANF 303-1)

Parents have until the 1st day of the second month following the mother/newborn's release from the hospital to provide verification of application for a Social Security Number. The parent (or other caretaker relative) must furnish the actual SSN as soon as it is available.

TPL TRAUMA QUESTIONNAIRES

The caretaker relative is required to cooperate with the TPL Unit in regard to trauma/injury questionnaires. When the TPL Unit sends a questionnaire regarding a specific injury to a Medicaid household, the caretaker relative must complete the questionnaire and return it to the TPL Unit within the specified timeframe. If the questionnaire is not received within the allotted time, and the TPL Unit notifies the Eligibility Case Manager of non-compliance, the assistance unit will lose TANF cash assistance eligibility for failure to cooperate and the case will close for non-cooperation. **The household is not eligible for TANF cash assistance until the TPL Unit verifies the completed questionnaire has been returned.** Document all instances of non-cooperation on TEAMS case notes. (TANF 307-1)

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Department of Public Health and Human Services	Section: APPLICATION PROCESSING
TANF CASH ASSISTANCE	Subject: Processing

Supersedes: TANF 103-5 (07/01/07)

References: ARM 37.78.101, .102, .226 - .228 and .424

GENERAL RULE–All completed 'Application for Assistance' (HCS-250) and 'Reapplication Addendum' (HCS-249) forms must be processed and eligibility determined in a timely manner.

During the application processing period, TEAMS case notes must be entered documenting the interview and any processing delays.

PROCESSING TIME FRAMES

An application is valid for **30** calendar days following the application date. The eligibility determination - approval or denial - must be completed within this 30-day time period. This time limitation serves to protect the applicant's right to receive benefits in a timely manner.

NOTE: The day following the application date is the start of the 30-day period. (This follows FS policy)

If there is a delay of processing beyond 30 days due to the actions of a third party that is beyond the control of the Eligibility Case Manager and/or the applicant/participant, the processing time frames may extend beyond 30 days, if approved by a supervisor in regular TANF cases or by Central Office in extended benefit cases. A TEAMS case note must be entered explaining the reason for the delay.

START DATE OF BENEFITS

The start date of benefits depends in part on whether or not the assistance unit includes individuals who are required to negotiate a Family Investment Agreement (FIA) and be referred to either Tribal NEW or the WoRC Program for case management services.

NOTE: All applicants must be informed of the requirement to complete an interview with the Eligibility Case Manager; negotiate a FIA/EP, if appropriate; and must be informed that if they are referred to WoRC, benefits will be pro-rated based on the date they negotiate the EP with the WoRC Case Manager. (TANF 103-2)

If the household **includes** one or more individuals who are required to negotiate a Family Investment Agreement (FIA), the start date of benefits will be the date of application as long as the following criteria are met:

1. The individual(s) who is required to negotiate a FIA has done so and is referred to the Tribal NEW program for case management services; or

2. The individual(s) who is required to negotiate a FIA has done so and is referred to the WoRC Program for case management services and;

   a. Has negotiated an Employability Plan (EP) with WoRC for the application month within three (3) working days of being referred to the WoRC Program; or

   b. Has good cause (TANF 1509-1) for failing to negotiate an EP with WoRC for the application month within three (3) working days of being referred to WoRC and enrolls as soon as possible.

► **NOTE:** The three (3) working day "count" begins the date following the date the WRC component is entered on the EMPL screen by the OPA Eligibility Case Manager. This triggers an alert to the WoRC RELI screen.

If the individual(s) who is referred to the WoRC Program for case management services does **not** meet the criteria above, the start date of benefits will be the date the individual(s) negotiates an EP with WoRC.

In cases where more than one individual is referred to the WoRC Program for case management services, the start date of benefits will be the latter of the application date or the date that **all** required members have negotiated the EP.

If the household does **not** include an individual who is required to negotiate a FIA, (e.g., SSI recipient parent or Grandmother applying for TANF for grandchildren only) the start date of benefits will be the date of application.

Example: Bertha applies for TANF for her two grandchildren age 2 and 4 on 8/6/07 and completes her interview the same day. Bertha does not wish to receive TANF for herself. The application is processed using the application date of 8/6/07 and the start date of 8/6/07 on APMA. Benefits would be prorated from 8/6/07—8/31/07.

OPA ELIGIBILIITY INTERVIEW

A delay in completing the mandatory eligibility interview with the OPA Eligibility Case Manager, will not impact the start date of benefits. The start date of benefits is contingent on the household composition, the d

of the case management referral for Tribal NEW, or if referred to WoRC, the date the EP is negotiated with WoRC, with or without good cause.

NOTE: The OPA must attempt to provide a same day interview to all TANF applicants, regardless of time clock status. If the household does not complete a same day interview; the OPA must send TEAMS notice A032 "TANF Interview Scheduled" to the applicant. (TANF 103-2)

►START DATE OF WRC COMPONENT

The OPA Eligibility Case Manager will set the start date of the WRC component on EMPL as the date the individual negotiates their Family Investment Agreement (FIA) and is referred to WoRC for case management services.

►

If there is a delay between the date of application and the date of the eligibility interview and referral to WoRC, participation in allowable work activities must be reconstructed by the WoRC Case Manager, if possible. If activities cannot be reconstructed, as a last resort, the WoRC Case Manager would use the HNC component code for the time period between the first day of the month and the date they negotiate the Employability Plan (EP). (TANF 701-3)

GOOD CAUSE

If the household has good cause for failing to comply with a non-financial eligibility requirement and they are making a good faith effort to comply, the individual is coded 'DQ' until they are able to comply or the good faith effort stops. An eligibility determination is made for the remaining household members if all necessary information is provided.

NOTE: This does not apply to households who are applying for extended benefits. Extended benefits cannot be approved for any members of the household until eligibility is established for all required household members.

If the individual who is coded 'DQ' is a work-eligible individual who is required to negotiate a Family Investment Agreement/Employability Plan (FIA/EP), benefits for the remaining household members cannot be issued until this eligibility requirement is met. Benefits in the initial month will be pro-rated based on the start date of benefits.

EXAMPLE: Mom and two children apply for TANF on 8/14/07. Mom is not able to provide proof of citizenship. She was born in Ohio and has sent off a request for a birth certificate. All other information necessary to determine eligibility is provided. Mom is coded 'DQ' on SEPA but since she is a work-eligible individual, she must negotiate a FIA/EP prior to benefits being issued for the remainder of the household.

She negotiates her FIA on 8/14/07 and is referred to WoRC on that day. She negotiates her EP on 8/15/07. Since the remaining household members are eligible for assistance, and Mom negotiated her EP within three working days of being referred to WoRC; benefits are pro-rated from 8/14/07 – 8/31/07.

If Mom turns in her birth certificate within 30 days of application she is added to the assistance unit and benefits are supplemented from 8/14/07 – 8/31/07. If Mom turns in her birth certificate after the 30-day window, she is added to the assistance unit the first day of the following month.

PRO-RATED TEAMS PROCESS

The OPA Eligibility Case Manager may need to manually update the start date of the application on TEAMS APMA screen, **depending on the start date of benefits**.

When the WoRC Case Manager completes the negotiation process with the individual(s) required to negotiate an EP, the EMPS screen will be authorized by the WoRC Case Manager. **This authorization must be done on the same day the EP is negotiated**.

A new GOOD CAUSE field has been added to the EMPS screen and will display for the initial month of TANF benefits. If the date of the WoRC authorization on EMPS is less than three (3) working days from the date the individual(s) was referred to WoRC, this field will be protected.

If the date of the WoRC authorization on EMPS is more than three (3) working days from the date the individual(s) was referred to WoRC, the WoRC Case Manager must enter a 'Y' or 'N' in this field to indicate whether or not good cause exists for the individual(s) failing to negotiate their EP within the three (3) working days.

When the WoRC Case Manager authorizes on EMPS, one of the following alerts will be sent to the OPA Eligibility Case Manager:

1. If the authorization is within three (3) working days of referral:

   "EP AUTH'D XX/XX/XX FOR X/XX, START DATE CORRECT"

2. If the authorization is not within three (3) working days of referral, but the WoRC Case Manager has indicated good cause exists ('Y' in the GOOD CAUSE field):

   "EP AUTH'D XX/XX/XX FOR X/XX, GOOD CAUSE FOUND"

3. If the authorization is not within three (3) working days of referral and the WoRC Case Manager has indicated good cause does not exist ('N' in the GOOD CAUSE field):

   "EP AUTH'D XX/XX/XX FOR X/XX, UPDATE START DATE"

If the alert indicates that the start date is correct or that good cause has been found, the start date on APMA will remain the same as the application date on APMA.

If the alert indicates that the start date must be updated, the start date on APMA must be updated to be the date the WoRC Case Manager authorized on EMPS. This is the date in the alert text.

A TEAMS case note must be entered by both the WoRC Case Manager and the OPA Case Manager indicating the application date and start date and, if they are different, an explanation for the difference.

START DATE EXAMPLES:

Note—all examples apply to regular and extended TANF applications.

Example 1: Mom and 2 children apply for TANF cash assistance on 8/6/07. Mom is required to negotiate a FIA and does so on 8/6/07. The family resides in an area served by Tribal NEW and Mom is referred to Tribal NEW for case management services. The application is processed using the application date of 8/6/07 and the start date of 8/6/07 on APMA. Benefits will be pro-rated from 8/6/07 – 8/31/07.

Example 2: Dad, Mom and 2 children apply for TANF cash assistance on Wednesday, 10/3/07. Mom and Dad are both required to negotiate a FIA. They do so on Thursday, 10/4/07 and are referred to WoRC for case management on 10/4/07. Dad and Mom both negotiate their Employability Plans (EP) with the WoRC case manager on Wednesday, 10/10/07. Because they negotiated the EP within three **working** days of referral, (Monday 10/8/07 is a holiday) the application is processed using the application date of 10/3/07 and the start date of 10/3/07 on APMA. Benefits will be pro-rated from 10/3/07 – 10/31/07.

Example 3: Dad, Mom and 3 children apply for TANF cash assistance on 8/13/07. Dad and Mom are both required to negotiate a FIA. They do so on 8/13/07 during a same day interview and are referred to WoRC for case management on 8/13/07. Mom negotiates an EP with the WoRC case manager on

8/13/07 but Dad indicates he will not stay and does not negotiate an EP until 8/20/07. At the negotiation on 8/20/07 he states he is unable to verify good cause for failing to negotiate an EP within three **working** days of referral. The WoRC Case Manager places an 'N' in the GOOD CAUSE field on EMPS. Because of this delay in negotiation, without good cause, the application is processed using the application date of 8/13/07 and a start date of **8/20/07** on APMA. Benefits for the entire household will be pro-rated from 8/20/07 – 8/31/07.

Example 4: Dad, Mom and 2 children apply for TANF cash assistance on Monday, 8/13/07. Dad and Mom are both required to negotiate a FIA. They do so on 8/13/07 during a same day interview and are referred to WoRC for case management on 8/13/07. Mom negotiates her EP with WoRC on Tuesday, 8/14/07 but at the interview indicates that Dad has been called in to work at his part-time job. He will be working 8:00 am until 5:00 pm through Friday, 8/17/07, covering for another employee. The WoRC Case Manager schedules an appointment for Dad to negotiate his EP on Monday, 8/20/07 and requests that Dad provide verification to prove good cause for failing to negotiate the EP within 3 working days of referral.

On 8/20/07 Dad attends the appointment, negotiates his EP and provides a copy of his timesheet for the days he was working. The WoRC Case Manager authorizes the EMPS screen on 8/20/07 and places a 'Y' in the GOOD CAUSE field on EMPS to indicate there is good cause for not negotiating the EP within 3 working days. Because there **is good cause** or the delay in negotiation, the application is processed using the application date of 8/13/07 and a start date of **8/13/07** on APMA. Benefits will be pro-rated from 8/13/07 – 8/31/07.

Example 5: Mom and 2 children apply for TANF on 9/4/07. Mom is offered a same day interview, but refuses, stating she has another appointment. The OPA sends TEAMS notice A032 "TANF Interview Scheduled" to Mom on 9/4/07. On 9/6/07, Mom fails to appear for her scheduled interview, but calls and reschedules for 9/10/07.

Mom attends the interview on 9/10/07 and is required to negotiate a FIA. She does so and is referred to WoRC for case management services on 9/10/07. Mom negotiates her EP with WoRC that same day, 9/10/07. Because she has

negotiated her EP within three (3) working days of referral to WoRC, the application is processed using the application date of 9/4/07 and the start date of **9/4/07** on APMA. The WoRC Case Manager must attempt to reconstruct allowable work activities for the time period between 9/4/07 (date of application) and 9/10/07 (date of negotiation interview) or use the **HNC** code as a last resort.

OUT OF STATE/ TRIBAL TANF MONTHS

When the applicant indicates he/she has moved to Montana from another state or from an out of state Tribal TANF area; or indicates they have received Tribal TANF benefits while living in Montana, the Eligibility Case Manager must verify assistance has terminated (or is not currently being received) in that state/tribe by either requesting a copy of the applicant's closure notice or contacting the other state/tribe directly. If assistance has been received in the other state/tribe in the application month, the income should be entered on the UNIN screen as 'AP'.

OPA must complete Form FA-100, "Out-Of-State TANF Benefit Verification Request" and submit to **Carol Carpenter, Central Office** for out-of-state inquiries for TANF time-limited benefits anytime an applicant indicates he/she received TANF in another state or Tribal TANF area, or there is reason to believe benefits may have been received out of state. If assistance was received in the application month, note on the FA-100 that benefits were received in the other state and Montana in the same month. That month will not be entered for the other state.

NOTE: If there is a possibility that the household has received close to 60 months of TANF assistance, do an immediate referral to Carol Carpenter for an out of state inquiry. Please mark "URGENT" on the referral form and/or send an email to Carol Carpenter requesting this be given a priority.

AUTHORIZED REPRESENTATIVE

An authorized representative may be designated to act on the behalf of the minor child(ren) and the specified caretaker relative(s) with whom the child is living. This representative may or may not be a member of the filing/assistance unit. The representative must be designated in writing by a specified caretaker relative or other responsible member of the filing/assistance unit and must be aware of relevant information and the family's circumstances.

NOTE: An authorized representative is not the same thing as a protective payee. For the protective payee policy, see TANF 104-2.

If the caretaker relative is not competent and thus unable to sign the application, another competent adult filing unit member may sign it. In the

absence of a competent adult filing unit member, a legal guardian must sign. If there is no legal guardian, the authorized representative may sig the application and other pertinent documents and TEAMS Case Notes (CANO) must substantiate why the caretaker relative did not sign the required documents.

The authorized representative will be required to present all required information and verification requested.

ADDING OR REMOVING A HOUSEHOLD MEMBER AT APPLICATION

If the application **is still pending** at the time a new required filing unit member is reported, the additional required filing unit member should be added effective the date of application. The Adding a Household member form (HCS-261A) must be used to gather the necessary information on the new household member if that individual is an adult.

EXAMPLE 1:
Application dated 9/4/07 includes Mom, child age 4, unborn and father of the unborn (not father of other child). Assistance unit would include Mom and 4 year old child. Mom is a work eligible individual and is referred to WoRC for case management on 9/5/07. She negotiates her EP with WoRC that same day. However the TANF application is pending because all the information necessary to determine eligibility is not provided. A request for additional information notice has been sent. Mom reports on 9/12/07 that she had the baby on 9/10/07. Since the application is still pending, the assistance unit now would include Mom, 4 year old, new baby and father of the new baby.

Application date would be 9/4/07 for all members; however the start date of benefits for all household members will depend on whether or not the father of the new baby is a work eligible individual and required to negotiate a FIA/EP, the date he is referred to WoRC and the date he negotiates an EP with the WoRC Case Manager. (Refer to "Start Date of Benefits" section on page 2.)

EXAMPLE 2:
Application dated 8/10/07 includes Dad and his two sons, age 4 and 6. Assistance unit would include Dad and two children. Dad is a work eligible individual and is referred to Tribal NEW for case management on 8/10/07. However the TANF application is pending because Dad needs to provide birth certificates for the children. A request for additional information notice has been sent. On 8/14/07 Dad reports that the mother of the children has returned to the household. Since the application is still pending, the assistance unit now would include Dad, the two children and Mom. Mom is also a work eligible individual and is also referred to Tribal NEW for case management services.

Application date would be 8/10/07 for all household members. The start date of benefits would also be 8/10/07 since Tribal NEW will be providing case management services to both work eligible individuals. (Refer to "Start Date of Benefits" section on page 2.)

NOTE: All financial and non-financial eligibility criteria must be verified and documented for each new household member, as outlined in TANF 103-4.

If the application **is still pending** at the time it is reported that a required filing unit member has moved out of the household, remove the member the date of application.

NOTE: There might be income in the form of contributions from the household member who has moved out of the home.

If the application **has been processed,** follow the adding/removing members guidelines in TANF 201-3.

VOLUNTARY WITHDRAWAL

The household may voluntarily withdraw its application prior to a determination of eligibility. Voluntary withdrawal means that the applicant, on his/her own initiative, has contacted the county office, either orally or in writing, and requested processing of the application stop.

The Eligibility Case Manager will document the reason for withdrawal, if one is given or known (TEAMS Screen CANO), and send a notice to the applicant to confirm the request. Use TEAMS Denial Code: WDR. The application form must be retained by the county office. Send TEAMS notice X260.

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Department of Public Health and Human Services	Section: APPLICATION FILING
TANF CASH ASSISTANCE	Subject: Voter Registration

Supersedes: FAIM 103-6 (02/01/00)

References: National Voter's Registration Act of 1993 (NVRA)
P.L. 103-31, effective 1/1/95
MCA 13-2-221; ARM 37.78.102

GENERAL RULE--Agency based registration is a requirement of the National Voter's Registration Act (NVRA) of 1993. Agencies mandated to implement voter registration reform include those that provide public assistance.

➤ The application (HCS-250) and the redetermination form (HCS-272) ask if the individual wants to register to vote. If the answer is yes on either form, provide a voter registration card. If the answer is no or the question is not answered, consider this a declination and no further inquiry is necessary. Each applicant and recipient must be offered a voter registration form when their voting district has changed.

NOTE: Completed voter registration forms shall be transmitted to the local Clerk and Recorder within ten (10) calendar days from the date received or within three (3) calendar days of the close of registration, which is thirty (30) days before an election.

DECLINATION/ AGENCY RETENTION FORMS

In accordance with federal regulations, the Secretary of State's Office has developed an Agency Retention Form that will be attached to the voter registration card that is used in public agencies mandated to provide voter registration assistance. The Agency Retention Form includes the following:

1. A question regarding whether or not the individual would like to apply to register to vote;

2. A statement which indicates applying to register or declining to register to vote will not affect the amount of assistance provided by the agency;

3. Boxes for the applicant to check indicating whether or not they would like to register or decline to register, along with a statement indicating checking neither box will be considered a decision not to register to vote at this time;

4. A statement regarding the Department of Public Health and Human Services' (DPHHS) responsibility to assist in completion of the voter registration application form, if desired; and

5. A statement instructing the individual how to proceed if they believe someone has interfered with their right to register to vote, their right to privacy or their right to choose their political preference.

NOTE: Agency Retention Forms and Voter registration cards are available from the Secretary of State's Office at (406) 444-2034.

ELIGIBILITY STAFF RESPONSIBILITIES

DPHHS and agency staff that provide voter registration services shall **not:**

1. Seek to influence an applicant's political preference or decisions;

2. Display any political preference or party allegiance;

3. Make any statement or take any action to discourage an applicant from registering to vote;

4. Make any statement or take any action that leaves an applicant with the impression that a decision to register or not register has any bearing on eligibility for or receipt of any program benefit; and

5. Disclose the identity of the voter registration agency of any applicant to the public (right of privacy).

COUNTY DIRECTOR/ DESIGNEE

County Director/Designee responsibilities include:

1. Ensuring voter registration information, Registration Cards/ Agency Retention Forms are made available for each applicant/ recipient (even those interviewed in their home) as specified below;

2. Ensuring procedures are in place to transmit completed Registration Cards to the Clerk and Recorder within ten calendar days, taking care to protect the confidentiality of applicants by using **plain envelopes;** and

➤ 3. Ensuring Agency Retention Forms are forwarded on a weekly basis to:

Renie Hanson
PO Box 202925
Helena, MT 59620-2925

NOTE: If an applicant/participant does not wish to complete the agency retention form or checks a box but declines to include other identifying information, treat this as a blank form and continue with your normal service to the applicant.

4. Providing the same level of assistance to any applicant/recipient in completing the voter registration form, if requested, as would be provided in completing the application for assistance.

NOTE: When an individual has included some identifying information on the Agency Retention Form but declines to sign it, send the unsigned form to the Secretary of State's Office.

➤CENTRAL OFFICE The Agency Retention forms are forwarded on a monthly basis to:

Secretary of State's Office
PO Box 202801
Helena, MT 59620-2801

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For office use only

Polling Place	Cass	Pct.	Ward	School District	Senate			Rep.

TO REGISTER: All items, except where noted, must be completed to register to vote.

Under federal and/or state law, all electors must present ID when voting.

1. Are you a citizen of the United States of America? ☐ Yes ☐ No*
2. Will you be 18 years of age on or before election day? ☐ Yes ☐ No*

*Note: If you checked 'no' in response to either of these questions, do not complete this form.

3. MONTANA DRIVER'S LICENSE #_____

(If you do not have a Montana driver's license number, list the LAST FOUR DIGITS OF SOCIAL SECURITY #_____
Under federal law you are required to provide one of the above, unless you do not have either. If you have neither, provide a copy of ID specified under 13-2-110, MCA.)

4. Email Address (optional)_____

5. NAME _____
(Please print) Last First Middle

6. COUNTY_____

7. ADDRESS WHERE YOU LIVE*
*Precinct is determined by address where you live.
_____
_____
(Street, City, Zip OR Sec., Twp. & Range)

8. MAILING ADDRESS (if different than #7)
_____
_____

9. TELEPHONE NUMBER
_____

10. DATE OF BIRTH ____/____/____
Month Day Year

11. PRINT FORMER NAME (if changed)
_____

12. PLACE LAST REGISTERED
_____
CITY COUNTY STATE

13. VOTER DECLARATION (Read and sign below)
I swear/affirm that: a) I am a U.S. citizen; b) I will be at least 18 years old on or before the next election; c) I will have lived in this county for at least 30 days before the next election; d) I am neither in a penal institution for a felony conviction nor found of unsound mind by a court; e) If I do not now meet these qualifications, I will by the next election; and f) I have provided true information, to the best of my knowledge under penalty of perjury. If I have given false information, I may be subject to a fine or imprisonment or both under Federal or State laws.

14. SIGNATURE_____ DATE_____

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

☐ Yes ☐ No

If you do not check a box, you will be considered to have decided not to register to vote at this time. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. All information will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with the Secretary of State, PO Box 202801, Helena, MT 59620-2801; toll free telephone number: 1-888-884-8683.

(Fold and tape closed here)

_____
_____
_____MT_____

Place Stamp Here

ELECTION ADMINISTRATOR

_____COUNTY
_____
_____MT_____

MONTANA VOTES

Help America Vote Act (HAVA)

Department of Public Health and Human Services	Section: APPLICATION FILING
TANF CASH ASSISTANCE	Subject: Tribal TANF Plans

Supersedes: TANF 103-7 (01/01/06)

References: 45 CFR 286.1 and .15; ARM 37.78.102

GENERAL RULE–Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) allows each Indian tribe to develop a tribal temporary assistance for needy families (TANF) plan. Tribal TANF plans are federally funded. The Confederated Salish and Kootenai Tribes (**CSKT**), the Fort Belknap Indian Community (**FBIC**), the Chippewa and Cree Tribe (**CCTT**), and the Blackfeet Nation (**BL**) have developed such a plan.

CSKT

To be considered eligible for the CSKT (Confederated Salish and Kootenai Tribes) TANF Plan, the family must:

- contain at least one **enrolled** member of the **CSKT** (Flathead Nation) and
- reside within the geographical boundaries of the Flathead Reservation.

CSKT staff of the Department of Human Resources Development (DHRD) located in Pablo, Montana, administers the CSKT TANF Plan.

► **NOTE:** Tribal TANF benefits received under the CSKT Tribal TANF Plan are countable towards the TANF 60-month time limit as the Flathead Reservation does not qualify for the federal exclusion based on having less than 50% unemployment rate.

► Effective Date of Plan: 2/1/99
► TEAMS Code: MT SK

FBIC

To be considered eligible for the (FBIC Fort Belknap Indian Community) TANF Plan, the family must:

- contain at least one **enrolled** member of a federally recognized Indian tribe and
- reside in Blaine County or on the Fort Belknap reservation in Phillips County (even if the mailing address is Harlem or Dodson).

The FBIC TANF Plan is administered by FBIC staff located in Fort Belknap and an out stationed office located in Havre, Montana.

► **NOTE:** Tribal TANF benefits received under the FBIC Tribal TANF Plan are not countable towards the TANF 60-month time limit unless the household is living in Dodson or Harlem.

► Effective Date of Plan: 10/1/00
► TEAMS Code: MT FB

CCTT

To be considered for the CCTT (Chippewa Cree Tribes) Tribal TANF Plan, the family must:

- include at least one child or caretaker relative (excluding step-parents) who is enrolled or eligible to be **enrolled** in a federally recognized tribe and
- reside in Hill County; **or** reside in that portion of Choteau County, Montana, within the exterior boundaries of the Tribe's Reservation.

The Chippewa Cree Tribal Business Committee located in Box Elder, Montana, Rocky Boy's Reservation, administers the CCTT Plan.

► **NOTE:** Tribal TANF benefits received under the CCTT Tribal TANF Plan are not countable towards the TANF 60-month time limit unless the household is living in Hill County but is not living within the geographical boundaries of the reservation.

► Effective Date of Plan: 11/1/04
► TEAMS Code: MT RB

►BL

To be considered eligible for the BL (Blackfeet Nation) Tribal TANF program, the family must:

- contain only enrolled members of the Blackfeet Nation and
- reside 'on and near' the Blackfeet Reservation, as defined by the Federal government. The service area will include all communities within the exterior boundaries of the Blackfeet Reservation, as well as the communities of Cut Bank, Valier and Dupuyer.

The Blackfeet Tribal Business Council (BTBC), P O Box 850, Browning, MT 59417, and the Blackfeet Manpower Department administer the Blackfeet Tribal TANF Program.

NOTE: Tribal TANF benefits received under the Blackfeet Tribal TANF Plan are not countable towards the TANF 60-month time limit unless the household is living in a community served by the Blackfeet Tribal Plan but does not reside within the geographical boundaries of the reservation. (Example: Cut Bank, Valier and Dupuyer)

► Initial Effective Date of Plan: 08/01/05
► Effective Date of New Plan: 01/01/07
► TEAMS Code: MT BL

ACCESSING OTHER PROGRAMS/ BENEFITS

Food Stamp and Medicaid benefits for families receiving Tribal TANF benefits will be determined by a state Eligibility Case Manager.

ELIGIBILITY DETERMINATION

The Tribal TANF worker will determine eligibility and issue Tribal TANF cash assistance benefits for those families meeting the Tribal TANF Plan criteria. Eligibility for the Tribal TANF Plan will be determined outside of the TEAMS system. The Tribal Individual Family Plan (IFP) or Tribal Assistance Plan (TAP) will be used in place of the Family Investment Agreement/WoRC Employability Plan (FIA/EP). The Tribal TANF worker will also evaluate childcare assistance for qualified families.

TANF-60 CLOCKS

Each month of Tribal TANF (cash) assistance may count as one month of assistance against the TANF clock. Because Tribal TANF eligibility is not determined through the TEAMS process, to assure the TANF clock is correct, Form FA-100, "Out-Of-State TANF Verification Request", must be submitted to Central Office. (Refer to TANF 803-1)

► **NOTE:** For information on the MT Time Clock, see TANF 802-1.

CASE TRANSFER (SENDING COUNTY)

When a family, currently receiving benefits (Food Stamps, Medicaid, or TANF cash assistance) requests transfer because they are moving and will be residing in a tribal plan area, complete all pending actions according to the regular transfer policy. (Example: income changes, overpayments, etc.). See 1512-1. **Transfer the case and mail the hard copy case file and the WoRC case management file** to the requested county's Office of Public Assistance.

CASE TRANSFER (RECEIVING COUNTY)

The Eligibility Case Manager in the county the family is **moving to** will review the case to identify families that appear to be qualified for Tribal TANF and expedite the TANF case transition to the Tribal TANF office as appropriate.

If the family does not qualify for Tribal TANF and all eligibility requirements continue to be met for state TANF, the TANF case will continue to be administered by the OPA office.

NOTE: If the individual is now eligible for Tribal TANF, hard copy case files will not be transferred to Tribal case managers. However, if the participant requests copies of birth certificates or other permanent documents, copies will be provided by the OPA office in possession of the hard copy case file.

TRANSFER PROCEDURE	ACTION
TRANSFERRING COUNTY→	1. Transfer (do not close) the TANF cash assistance, Food Stamp or Medicaid case.
RECEIVING COUNTY→	2. Close the TANF cash assistance the end of the request month Use TEAMS Denial/Closure code: **'TPC'**;
	3. Send TEAMS Notices as follows: A603 for CSKT, A602 for FBIC, A608 for CCTT, or A610 for BL. The TEAMS notices inform the family of the following: 1) that their case is being transferred and why it is, 2) whether they need to reapply for cash assistance under that particular Tribal TANF program, 3) household members under TANF cash assistance sanction will not be served by the Tribal TANF Plan until the sanction penalty period has been served, 4) child care assistance under the State Block Grant will be closed and they will need to discuss their need for child care with the Tribal Worker, and 5) their Food Stamp and/or Medicaid program benefits will be maintained by the State Eligibility Case Manager.

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Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: APPLICATION PROCESSING Subject: Failure/Refusal to Comply

Supersedes: TANF 104-1 (01/01/07)

References: ARM 37.78.102, .201, .206, .216, and .227

GENERAL RULE--The applicant, participant, or caretaker relative is required to provide information, verification, sign documents, participate in interviews, report changes, and cooperate with all program requirements before an eligibility determination can be made and benefits issued. The individual or his/her authorized representative is allowed a specified amount of time in which to fulfill the requirements. When the individual **fails or refuses**, without good cause, to provide information necessary to determine eligibility for the household, that individual's action affects the entire assistance unit's eligibility.

►FAILS OR REFUSES TO COMPLY WITH A NON-FINANCIAL REQUIREMENT

When the TANF cash assistance applicant/participant/caretaker relative **fails or refuses**, without good cause, to fulfill certain **non-financial** eligibility requirements (whether verbally, in writing, or through lack of action), the Eligibility Case Manager must deny or terminate benefits **for the entire assistance unit.** Timely notice is required, unless it meets one of the exceptions to timely notice as outlined in TANF 1503-1. The action taken is documented in TEAMS Case Notes (CANO).

NOTE: The list of non-financial requirements is in TANF 300.

EXAMPLES

1. Two parent household, mom negotiates a FIA/EP but dad fails or refuses to negotiate a FIA/EP. The household is ineligible.

2. Unmarried teen mom living with child and father of her child. Teen mom is not approved to live independently and she is not living with a specified caretaker relative. The household is ineligible.

3. Single parent household with two children, the Eligibility Case Manager discovers that mom has been working for the last six months and did not report this information. Wage verification requested from the household to determine the overpayment is never provided and case is closed. Six months later the household reapplies for assistance. Wage verification is again requested to establish the overpayment. The household fails or refuses without good cause to provide the information. The application is denied.

4. Single parent household with a 16-year-old child. The Eligibility Case Manager requests verification that the 16-year-old is

attending school to determine if the 16-year-old is required to negotiate a FIA/EP. The household fails or refuses without good cause to provide the verification. The household is ineligible.

5. Single parent household. Mom fails or refuses to negotiate a FIA/EP. The household is ineligible.

6. Two parent household. One parent is a convicted drug felon who refuses to provide verification that he is in compliance with his probation/parole requirements. The household is ineligible, even though the other parent is complying with all eligibility requirements.

GOOD CAUSE

If the household has good cause for failing to comply with a non-financial eligibility requirement and they are making a good faith effort to comply, the individual is coded 'DQ' until they are able to comply or the good faith effort stops. An eligibility determination is made for the remaining household members if all necessary information is provided.

▶ **NOTE:** This does not apply to households who are applying for extended benefits. Extended benefits cannot be approved for any members of the household until eligibility is established for all required household members.

▶ If the individual who is coded 'DQ' is a work-eligible individual who is required to negotiate a Family Investment Agreement/Employability Plan (FIA/EP), benefits for the remaining household members cannot be issued until this eligibility requirement is met. Benefits in the initial month will be pro-rated based on the start date of benefits. (TANF 103-5)

EXAMPLE: Mom and two children apply for TANF on 8/14/07. Mom is not able to provide proof of citizenship. She was born in Ohio and has sent off a request for a birth certificate. All other information necessary to determine eligibility is provided. Mom is coded 'DQ' on SEPA but since she is a work-eligible individual, she must negotiate a FIA/EP prior to benefits being issued for the remainder of the household. She negotiates her FIA on 8/14/07 and is referred to WoRC on that day. She negotiates her EP on 8/15/07. Since the remaining household members are eligible for assistance, and Mom negotiated her EP within three working days of being referred to WoRC; benefits are pro-rated from 8/14/07 – 8/31/07.

► If Mom turns in her birth certificate within 30 days following application she is added to the assistance unit and benefits are supplemented from 8/14/07 – 8/31/07. If Mom turns in her birth certificate after the 30-day window, she is added to the assistance unit the first day of the following month.

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Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: APPLICATION PROCESSING Subject: Protective Payee

Supersedes: New to Manual 01/01/07

References: ARM 37.78.423

► GENERAL RULE—A protective payee is an individual, other than the specified caretaker relative, who manages the family's benefits for the purpose of safeguarding the health and welfare of the child(ren).

PROTECTIVE PAYEE NECESSITY

An employee of the Child and Family Services Division determines a protective payee is necessary when the caretaker relative has clearly demonstrated an unwillingness or inability to use the family's assistance payments to meet the basic needs of the minor children in the household.

► **NOTE:** This designation must not be made solely on the fact the household bills are not paid on a timely basis.

The participant may assist in the selection of the payee. The payee must be reliable and competent. The payee may be chosen from friends, family, service agencies or groups. The payee may not be directly involved in the determination of eligibility and/or authorization of benefits.

► When a protective payee is established, a TEAMS case note must be entered titled "Protective Payee."

The participant must receive timely notice regarding the use of a protective payee.

►REVIEW OF PROTECTIVE PAYEE

A review with a CFSD employee to determine the need for continuation of a protective payee must be made at least every six (6) months or sooner if circumstances indicate the necessity of a more frequent review. When it appears the need for a protective payee may continue beyond two (2) years, judicial appointment of a legal representative will be sought by the Child Protective Services worker. The protective payment will cease when the appointment is made.

A protective payee may only be issued benefits via a warrant. For instructions on completing the ADDR and AURP screens see the TEAMS Users Guide.

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Department of Public Health and Human Services	Section: APPLICATION PROCESS
TANF CASH ASSISTANCE	Subject: Reports and Data Collection

Supersedes: FAIM 105-1 (01/01/04)

References: 45 CFR 265.3 & .9; ARM 37.78.102

GENERAL RULE -- Federal and state authorities require collection of program and participant data. To have this information available on TEAMS for reporting purposes, specific information must be collected.

Data is entered in specific fields on various TEAMS screens. Much of this information will not affect eligibility, but the information must be entered accurately. The initial registration of the application will usually address many of the required data elements. The data must be reviewed at each redetermination.

NOTE: When household changes occur, the appropriate TEAMS screens must be updated. For example, a two parent unmarried household gets married, in addition to changing the participant's name on CLIM, remember to update the relationship field on SEPA and marital status field on ETMT.

The following is a list of information needed for reporting purposes.

NOTE: See TEAMS Quick Reference Guide or press F1 for assistance with appropriate coding.

Screen	**Required data**
INDA	The RELOCATION REASON field must indicate why the applicant moved to MT if moved within the last 12 months. The RESIDENCY LENGTH field must indicate how long the applicant has lived in MT.
SEPA	The REL field must indicate the individual's **relationship to the PI.** The relationship should be the same for all programs. The relationship field is month specific (i.e., changing the coding in the current month will not effect the coding in the previous months). **NOTE:** If the individual is not related (NR) to the PI and is an adult included in the TANF

household, he/she must be coded as a parent on PACR.

The ADULT CHILD field indicates whether the individual is an adult, teen parent, or child. This field affects the individual's timeclock and the FIA/EP. The adult/child field is month specific and cannot be changed retroactively. For policy on the correct use of the adult/child codes see TANF 201-1.

The PARTIC CODE field must indicate the individual's involvement in the case.

NOTE: Remember that children who are receiving SSI should be coded 'SC' and adults who are receiving SSI should be coded 'OU'.

A PTP must be entered in the EXEMPT CODE field for a teen parent living independently (coded I) who is in compliance with his or her FIA/EP. This code will prevent the individual's timeclock from ticking.

PACR

The POA number of all natural or adoptive parents who are living in the household and who are coded 'IN' or 'DQ' on SEPA must be entered in the PARENTAL CONNECTION field on PACR for each child (coded 'C', 'N', 'F', 'T' or 'U' in the adult child field on SEPA).

NOTE: The relationship between stepparents and children is **not** collected on PACR. If the stepparent is the 'PI', this information is collected with the (stepdaughter or stepson) 'ST' relationship code on SEPA.

When a parental connection does not exist for a child in the household (e.g., caretaker relative grant), the worker must enter 00's in both enterable fields.

When a natural or adoptive parent is living in the household, but is coded 'OU' due to receipt of SSI, the worker must enter a 'Y' in the CARETAKER RELATIVE field.

ETMT The marital status of each participant must be entered in the MARITAL STATUS field.

CODE	DESCRIPTION
DV	Divorced
MA	Married and living together or would be living together if circumstances did not prevent it. Consider themselves an intact family.
NM	Never Married
SE	Separated - married but not living together by choice. Do not consider themselves an intact family.
WI	Widowed

The ethnicity of each participant must be entered in the ETHNIC field.

CODE	DESCRIPTION
HL	Hispanic/Latino
NH	Non-Hispanic/Latino

The race of each participant must be entered in the RACE field. Up to five different races may be entered for each participant.

CODE	DESCRIPTION
AI	American Indian or Alaska Native
AS	Asian
BL	Black or African American
PI	Native Hawaiian or Pacific Islander
WH	White

If the participant has the race code of AI, the tribal code should be entered in the TRIBE field if the Indian enrollment number is also entered.

DEPR The reason each child is deprived of parental support must be entered in the AF CAUSE field for each minor child who is coded 'IN', 'DQ', or 'TR' on SEPA.

NOTE: The reason may be different for each child in the home.

EXAMPLE: Two parent household with one child in common. Mom also has two children from previous relationships (one from a former

marriage the other from a former boyfriend). The deprivation codes would be as follows:

Child in common	UP or IC
Mom's child from marriage	DE, DV or SP
Mom's child from boyfriend	DE or SP

CODE	DESCRIPTION
DE	Deceased
DV	Divorced
IC	Incapacitated (only used for a two parent household)
SP	Separated, Never Married, or Unknown
UP	Unemployed or Underemployed Parent (only used for a two parent household)

SSDO

The education status for each TANF cash assistance participant sixteen (16) years of age or older who is coded 'IN' on SEPA must be entered in the EDU STS field.

The education level (highest grade completed) must be entered in the EDU LVL field for each TANF cash assistance participant, coded 'IN' on SEPA.

Education level and status information is not required for individuals coded 'OU' or 'UB' on the SEPA screen unless they are the caretaker relative of a minor child receiving assistance (coded 'Y' on the caretaker relative field on PACR). If the individual's participation changes to 'IN', go to SSDO and enter the appropriate education level code.

Because the "highest grade level completed" changes for most primary and secondary school students, in June of each year, TEAMS will automatically increment the education level entered for cash assistance participants to the next highest grade level as follows:

a. The education level of all participants over six (6) years old and those under eighteen (18) years old will be automatically incremented to the next highest grade level 02 through 12.

b. Education levels will only be incremented for individuals with a numeric code (01 - 11) entered on SSDO. The education level for children with alpha codes (HS - head start; KI - kindergarten; PS - pre-

school; and NS - not in school) will not be auto-incremented by TEAMS. The education level for these individuals must be updated yearly by the Eligibility Case Manager.

c. The education level of participants under six (6) years or over eighteen (18) years of age will not be incremented.

Eligibility Case Managers must review education level and status data after TEAMS increments education level data in June to correct any erroneous data. In addition, education level and status must be reviewed for all TANF cash assistance participants at the yearly redetermination review.

EXPE

A 'P' (Public Housing) or an 'R' (Rent Subsidy) must be entered in the SUBSIDIZED field if the participant receives housing assistance.

The provider type (PROV TYP) field is a mandatory field for TANF cash assistance cases receiving the childcare disregard (i.e., has a 'DA; or 'DC' childcare expense on EXPE). The appropriate provider type must be entered for each child.

NOTE: When the participant is receiving Block Grant Child Care assistance, the code is **always** BLG.

When a child receives care from more than one provider, enter the provider type code for the primary care provider. TEAMS will not allow more than one provider type code to be entered for each child.

NOTE: Remember to update this field when the household's childcare arrangements change. It should also be reviewed each year at redetermination.

LICENSED CHILD CARE

CODE	DESCRIPTION
HDC	In-home day care
FDC	Family day care home
GDC	Group day care center

DCC	Day care center

LEGALLY UNREGISTERED AND ALL OTHER CHILD CARE PROVIDERS

CODE	DESCRIPTION	
LHR	In-home day care	Relative
LHN	In-home day care	Non-Relative
LFR	Family day care home	Relative
LFN	Family day care home	Non-Relative
LGR	Group day care home	Relative
LGN	Group day care home	Non-Relative
LDC	Day care center	

BLOCK GRANT

CODE	DESCRIPTION
BLG	Block Grant Recipient

EXPD A decrease reason code must be entered in the DECREASE REASON CD field when the grant amount decreases.

CODE	DESCRIPTION
CSD	Obligated Child Support Decreased
DCD	Dependent Care Deduction Decreased
HHC	Household Composition Changed
INC	Income Increased
IPV	Intentional Program Violation
OPC	Overpayment Claim Being Withheld
SAN	Sanction

AFED The reason for denial or closure must be entered in the DENIAL CLOSURE REASON field.

CODE	DESCRIPTION
CNM	TANF extended benefit criteria not met
CSE	Child Support exceeds standard
DTH	Death of individual
EMP	Employment and income is unknown or does not cause the household to exceed standards
FDA	Fugitive felon/drug felon/non-qualified alien
FIA	Failure or refusal to negotiate a FIA/EP
FTC	Failure to comply
IEN	Earned income exceeds standards

		LAP	Unable to locate or loss of contact
		MAR	Marriage
		MOV	Move from County/State/household
		NEC	No eligible child in the home
		OBE	Other Basic Eligibility
		REL	Resources exceed limit
		ROR	At participant's request (closure code only should not be used to deny an application)
		SAN	Sanction
		TLE	TANF time limits exhausted
		TPA	Teen parent not residing in an approved setting
		TPC	Transfer to Tribal TANF program
		UIN	Unearned income exceeds needs
		WDR	Application withdrawn (denial code only never used as a closure code)
➤	EMAA		The expense types and dollar amounts of Emergency Assistance hard services are entered. Only the expense type 'SO' is entered for soft services. Do not enter an amount.

SR ΦΦΦ

Department of Public Health and Human Services	Section: HOUSEHOLD COMPOSITION
TANF CASH ASSISTANCE	Subject: Filing/Assistance Unit

Supersedes: TANF 201-1 (07/01/07)

References: ARM 37.78.102, .201, .206, .207, .208, .221, .222 and .227; SB 29 2005

GENERAL RULE--An application on behalf of a minor child(ren) must include certain relatives living with the minor child(ren). These family members, related to the minor child(ren) by blood, adoption or marriage to the child's natural/adoptive parent, and the minor child(ren) are considered to be a **filing unit**. There must be an eligible child living in the household and included in the filing unit for the household to be eligible for TANF cash assistance.

NOTE: Minor children who usually live with a custodial caretaker relative and are visiting their other parent (or other caretaker relative) for a temporary visit are not considered to be living with the second parent or caretaker relative. They are 'temporarily absent' from their custodial parent, and could be eligible in the custodial parent's household.

EXAMPLE: Minor child normally lives with his mother. Each summer he goes to visit his father. During his absence from his mother's home, he is still considered to be living with his mother. If his father applied for TANF cash assistance and he was the only minor child in his father's home, the father's application would be denied (even if the child's mother was not on assistance).

DEFINITIONS

A **"minor child"** is defined as a child under age 18 (or if age 18 but less than 19 years old, is attending secondary school or its equivalent full-time) **and** is living with a specified caretaker relative (TANF 304-1 and 305-1).

NOTE: A teen parent, who is not approved to live independently by the teen parent living arrangement committee, is considered a child for eligibility purposes and must be living with a specified caretaker relative.

A minor child is considered **"emancipated"** (no longer considered a dependent of his or her parents) only through court action or marriage. If emancipated, a minor child is not eligible to receive assistance unless he/she is a parent of a minor child.

NOTE: **EXCEPTION: If the minor is emancipated due to marriage and the marriage is annulled, then the emancipation is also considered invalid and the teen must comply with the independent living requirements.**

NOTE: The parents of a minor child who is emancipated either by court action or marriage are not included in the case with that child even if the child resides with them and is dependent on them.

A **"joint custody"** agreement legally provides that both parents function as providers of maintenance, physical care, and guidance for the child(ren). The actual circumstances may or may not indicate this is occurring. See TANF 201-2 for policy on Joint Custody.

REQUIRED FILING UNIT MEMBERS

Certain related household members living with the minor child are required to be included in the filing unit. **The following individuals must be included in the filing unit:**

1. **The parent(s) of any minor child included in the assistance unit, and**

NOTE: "Parent" means a natural/adoptive parent or a stepparent (related by marriage to the child's natural/adoptive parent) or a person considered by law to be a parent in the case of a child conceived by artificial insemination.

2. **the blood-related, adoptive, or stepsiblings (brothers and sisters) who are themselves minor children within the age limit.**

When a birth parent's parental rights have been terminated and the child has been legally adopted, the child's adoptive parents are his/her parents for determining household composition, child support issues, etc.

Even when the birth parent also resides in the home, he/she is no longer considered the child's parent because his/her parental rights have been terminated.

If the birth parent is related to the adoptive parents, then the birth parent may still be considered a specified relative of the adoptive child (i.e., sibling, cousin, etc.). (Refer to Example #7 in the Filing Unit Examples)

ASSISTANCE UNIT

Once the filing unit is established, a determination of eligibility occurs. This determination is made by evaluating the income, resources and non-financial eligibility of the filing unit. Collectively, their countable

income must pass the income tests and their countable resources must be within the resource limitation. Each filing unit member must meet all non-financial requirements. If the filing unit passes the income and resource tests and individually passes the non-financial requirements, the unit is then referred to as the **assistance unit**.

If the minor child is living with a specified caretaker relative **other than his parent(s)**, that relative is a required member only to establish the non financial requirement that the minor child must be living with a specified caretaker relative (coded 'Y' on the Spec Rel field on the SPRD screen). However, this caretaker relative may request to have his/her needs included in the benefits. If he/she chooses to not be included, all financial and non-financial requirements do not apply (TEAMS Part Code: 'OU').

NOTE: If he/she chooses to be included (Part Code: 'IN'), his/her spouse cannot, but the spouse's income and resources must be deemed (TEAMS Part Code: 'DP') to the caretaker relative who has chosen to be included. (TANF 305-1)

PREGNANT WOMAN

A pregnant woman with no other natural/adoptive/step-children living with her may be eligible for benefits in her last trimester (3 months prior to the expected month of birth) if all financial and non-financial criteria are met.

If she lives with the **father of the unborn**, whether or not they are married, he is a required filing unit member unless excluded as stated later in this section. His income and resources must be considered (deemed) in determining the pregnant woman's eligibility. His TEAMS Participation Code on SEPA is 'DP'. **Once the child is born, he becomes a required assistance unit member and his income and resources are counted in full**. His TEAMS participation code on SEPA is changed to 'IN.'

If a pregnant woman **with other children**, is living with the father of the unborn who is not related to the children by marriage or parentage, the father of the unborn is a required filing unit member. His TEAMS Participation Code is 'DP'.

NOTE: The putative (believed to be) father of the unborn must provide a written statement to that effect to establish his filing unit status. If the pregnant woman is living with her husband, it is assumed he is the father of the unborn for eligibility purposes. Marital status must be verified. If the pregnant woman is not married or states the man with whom she is living is not the father of the unborn, she must comply with the non-financial child support enforcement requirement

as stated in TANF 306-1.

► Upon notification of the child's birth, if neither the father nor newborn are excluded by regulation, the father's TEAMS Participation Code (Part Code) is changed from 'DP' to 'IN', the newborn's from 'UB' to 'IN'. If the new filing unit is eligible, the new members needs will be included per the criteria in TANF 201-3.

PREGNANT MINOR

A pregnant minor's (under age 18) eligibility is considered the same as stated above with the additional 'living arrangement' non-financial requirement stated in TANF 302-1.

TEAMS PROCESS

Participation Codes (Part Codes) must be entered or changed for each person in the household on the SEtup PArticipation screen (SEPA) The following Part Codes identify the household members and their appropriate filing unit status. The codes instruct TEAMS to consider non-financial and financial requirements accordingly. Once the household member's status is determined, the Eligibility Case Manager selects the appropriate code and enters it in the Participation Code field.

ADULT/CHILD INDICATOR

The following is a description of each code available and a definition to indicate the appropriate use of the code:

Code	Description
'A'	All adult participants should be coded 'A' in the Adult/Child indicator on SEPA.
'I'	A teen parent through the month of his/her 18th birthday. who meets the following criteria. A FIA/EP will be required for these teen parents: a. meets the qualification to live independently; **or** b. is emancipated by marriage; **or** c. is emancipated by court action; **or** d. is living with an adult who would meet the state requirements to become a legal guardian; **or** e. is living in an approved alternative adult supervised setting such as a second chance/maternity home; **and** f. receives benefits in his/her own case.

Because the 'I' Adult/Child indicator will start and increment the time clock, the 'PTP' exemption must be entered in the EXEMPT Code field on SEPA to stop the clock for these teen parents. **If the teen parent is not in compliance with his/her FIA/EP, the 'PTP' exemption code must be removed to allow the clock to increment.**

'N' A teen parent not living independently according to the following criteria, and who is **attending high school** or working toward obtaining a GED, is **not required to participate** in FIA/EP activities:

a. living with his/her parent's and included on his/her parent's grant; **or**

b. living with a specified caretaker relative within the 5th degree of kinship.

'F' A teen parent not living independently, according to the following criteria, who is **not attending high school** or working toward obtaining a GED **is required to participate** in FIA/EP activities:

a. living with his/her parent's and included on his/her parent's grant; **or**

b. living with a specified caretaker relative within the 5th degree of kinship.

'T' Minor children sixteen (16) years of age or older (through the month of their 18th birthday) who are **not attending high school** or working toward obtaining a GED **are required to participate** in FIA/EP activities.

'C' Minor children who do not meet the criteria to be coded 'I', 'N', 'F' or 'T' must be coded 'C' in the Adult/Child indicator on SEPA.

'U' Unborn children with a participation code of 'UB' on SEPA and must be coded 'U' in the Adult/Child indicator.

FILING UNIT EXAMPLES:

1. A minor child's household consists of his mother, minor siblings, aunt. The filing unit includes the minor child, his mother, his brother, and his sister; all members are related to the minor child by blood. Although the aunt is related by blood, she cannot be included because the minor child is living with his/her parents.

2. A household consists of a minor child, his mother, and his stepfather. The filing unit includes the minor child, his mother, and his stepfather. The minor child is related to his stepfather by the marriage to his natural/adoptive mother.

3. A household consists of a minor child, his grandparents, and his minor sister. The filing unit includes the minor child and his sister. The grandparents are not required filing unit members for purposes of considering their income and resources but are to be listed and one (not both) considered the minor child's caretaker relative to meet the non-financial eligibility requirement that the minor child

live with a specified caretaker relative. One grandparent, not both may choose to be included in the grant. If one grandparent is included the income of the other grandparent is deemed to the spouse.

4. A minor child's household consists of his mother, his stepfather and his stepbrother. The filing unit includes all household members. The minor child is related by marriage and by blood to the other family members.

5. A household consists of a minor child, his mother, his father, and his minor half-brother. The filing unit includes all household members. They are all related to one another by blood and the marriage of the children's parents.

6. A household consists of: mother, child who is also a teen mother (age 15, unmarried, attending school), grandchild, mother's other minor children, and the minor father (age 17, unmarried, not in school) of the teen mother's child. All members of this household are required filing unit members because they are all related to the minor child either as a sibling or parent. Enter on TEAMS SEPA screen:

   Mother/Grandmother (Rel Code: 'PI'; Part Code: 'IN'; Adult/Child Code: 'A')
   Minor siblings (Rel Code: 'CH'; Part Code:' IN'; Adult/Child Code: 'C')
   Teen mother (Rel Code: 'CH'; Part Code: 'IN'; Adult/Child Code: 'N')
   Grandchild (Rel Code: 'GC'; Part Code: 'IN'; Adult/Child Code: 'C')
   Teen father (Rel Code: 'NR'; Part Code; 'IN'; Adult/Child Code: 'I')

   NOTE: No child support papers can be filed against the parents of the teen father.

   NOTE: If the father of the teen parent's child was age 18 or older, he would be coded 'A' in the Adult/Child field on SEPA. If the mother's spouse also lived in the household, TEAMS will allow three adults to be 'IN'.

7. A household consists of a mother, her daughter, and her daughter's child. The grandmother adopts the grandchild and then applies for assistance for that grandchild (now her child). The filing unit is the child and her adoptive mother (grandmother). If the sibling (birth mother) is a minor child, then she would be included in the filing unit.

If the sibling (birth mother) and child move out of the home, then the child could receive assistance because she is living with a specified caretaker relative. The sibling (birth mother) could choose to be included in the assistance unit. Child support papers would be completed against the adoptive mother (grandmother) in this case.

STRIKERS

Benefits are not available to families in which a required filing unit member is participating in a strike. (Refer to the Glossary for definition of strike). A person is considered to be a striker if he/she is involved either directly or indirectly in a strike on the last day of the month for which benefits are sought.

Any family who was receiving TANF cash assistance prior to the start of a strike will have benefits discontinued in accordance with the rules above even if all other eligibility factors are met.

NOTE: Participation in a strike shall not constitute good cause to leave, refuse to seek, or accept employment.

EXAMPLES:

At application

On April 5th when the family applies for benefits dad is on strike and the strike is not expected to end, benefits would be denied for failing a basic eligibility requirement. If the strike ends on April 20th, the family could reapply using an HCS-249. Benefits would become effective the date the HCS-249 is received.

or

Dad states that a vote was just taken and the strike will end April 20th, eligibility would be pended for verification that the strike had ended. When dad provides verification that the strike ended April 20th, the application would be approved with an effective date of April 5th.

or

Dad states that the strike will end May 1st, eligibility would be pended for verification that the strike ended. When Dad provides verification that the strike ended May 1st, the application for April would be denied because he was a striker on the last day of the month but would be approved with a benefit start date of May 1st. The notice that would be sent is deny first month approve second.

Ongoing case

Family receiving TANF reports on April 5th that dad is on strike and the strike started March 30th. This is reported timely. The case would be closed because the household contains an individual who is considered a striker (timely notice must be given).

On April 15th the household reports and verifies that the strike ended on April 12th. The case would be reverted to open because dad is not on strike the last day of the month so is no longer considered a striker.

or

On May 7th the household reports that the strike ended on April 30th. The case would not be reverted to open because the change was not reported before the effective date of closure. The household would be required to reapply.

MEMBERS EXCLUDED FROM THE ASSISTANCE UNIT

Certain individuals, either adults or minor children, must be EXCLUDED from receiving benefits because of the provisions of Title IV-A of the Social Security Act and those sections of the Act amended by Public Law 104-193; or by State Law as outlined in ARM. These individuals may be required filing unit members but cannot receive benefits:

1. SSI (Supplemental Security Income) recipients (TEAMS Part Code: 'OU' for the adult; 'SC' for the minor child);

NOTE: The adult SSI recipient may qualify as the minor child's specified relative (Section 305-1) and should be coded on the SPRD screen by placing a 'Y' in the Specified Relative field.

NOTE: SSI 1619B individuals are considered SSI recipients and are coded 'OU' on SEPA.

NOTE: The SSI child is considered an "eligible child" for purposes of determining eligibility for other related family members with whom he/she is living, even if this is the only child in the household.

2. minor children receiving state, local or federal Foster Care payments and whose absence from the TANF cash assistance household is not considered temporary (TEAMS Part Code 'OU');

NOTE: These children are not considered to be an eligible child for purposes of determining eligibility for other related family members;

3. aliens who do not meet qualified alien status (Section 301-2) (TEAMS Part Code: 'DQ' reason code 'IA');

NOTE: If the alien is a refugee and not eligible for TANF cash assistance, assistance may be provided through the Refugee Cash/Medical Assistance program (TANF 1001-1 and 1002-1).

4. individuals who are fleeing to avoid prosecution, custody or confinement after conviction for a crime, which is a felony under the laws of the place from which the individual flees (TEAMS Part Code: 'DQ' reason code 'FF');

5. individuals who have been found to have committed fraud or an intentional program violation (TEAMS Part Code: 'DQ' reason code 'IF');

6. individuals who have been sanctioned for non-compliance with employment and training related activities (TEAMS Part Code: 'DQ' reason code 'SN');

7. individuals who have been convicted in Federal or State court of having made a fraudulent statement or representation with respect to the place of residence in order to receive assistance simultaneously from two or more states (TEAMS Part Code: 'DQ' reason code 'IF");

8. individuals who are incarcerated (TEAMS Part Code: 'OU');

9. individuals who have been convicted of a drug-related felony after August 22, 1996 and who are not complying with the conditions of supervision, whose sentence has not been discharged and who are not actively participating in treatment, if required (TEAMS Part Code: 'DQ', reason code 'DR');

NOTE: If the individual is not complying with the conditions of supervision, etc. and is coded 'DQ DR', eligibility for the entire household does not exist. The cash assistance would be denied or closed. (TANF 703-1) A TEAMS case note must be entered.

10. individuals who are violating a condition of probation or parole imposed under Federal or State law (TEAMS Part Code: 'DQ' reason code 'FF');

NOTE: The individual is not considered a probation/parole violator until the court/judge makes a ruling even if the individual states he/she is in violation. The ruling is usually based on the recommendation of the probation/parole officer. If the court ruling is that a violation has occurred, the individual's status is that of "violator" for eligibility purposes and is subsequently disqualified. Once further legal action is taken, such as incarceration, the individual's status is no longer a "violator" and eligibility is redetermined accordingly.

11. individuals who are not in compliance with a Program Compliance review of any involvement unit in the case (TEAMS Part Code: 'DQ' reason code 'OT') ; and

NOTE: If the individual is not complying with the Program Compliance review and is coded 'DQ OT', eligibility for the entire household does not exist. The cash assistance would be denied or closed. (TANF 703-1; 1508-2) A TEAMS case note must be entered.

12. individuals who are not in compliance with Third Party Liability (TPL) or the Health Insurance Premium Payment System (HIPPS) (TEAMS Part Code: 'DQ' reason code 'OT')

NOTE: If the individual is not complying with TPL or HIPPS and is coded 'DQ OT', eligibility for the entire household does not exist. The cash assistance would be denied or closed. (TANF 703-1; 307-1) A TEAMS case note must be entered.

When any of the individuals listed above no longer meet the above conditions, eligibility must be redetermined for the entire filing unit.

NOTE: If the individual is coded 'OU', any monetary contribution given directly to the assistance unit member, must be entered against an 'IN' or 'DQ' member of the assistance unit. Document in TEAMS Case Notes (CANO).

UNRELATED MEMBERS

Any individual who is not related to the minor child either by blood/adoption or marriage, but who lives with the child and his/her specified caretaker relative, **is not** included in the filing unit.

They should only be entered in the TEAMS case if they are included in another program (i.e., Food Stamps) (TEAMS Part Code 'OU'; Relationship Code: 'NR'). His/Her income and resources **do not count** in the determination of eligibility and/or grant. However, if this unrelated household member makes a financial contribution to the filing unit, the contribution is counted as unearned income to the filing unit. (TANF

501-1)

DB ΦΦΦ

TANF cash assistance: **TEEN PARENT** (Under age 18, **unmarried**, and caring for his/her minor child) References: TANF cash manual 201-1, 301-1, 305-1, 701-1, and 801-1.

NOTE: Indicators refer to the **teen parent only.**

Teen parent living arrangement	Part Code	Adult/Child Indicator	Time clock Exemption	FIA/EP Required
Not living independently and attending school.	IN	N	No clock	N
Not living independently and not attending school.	IN	F	No clock	Y
With child's father (regardless of age); not approved to live independently. **TANF cash assistance is denied.**				
Approved to live independently of a specified caretaker relative.	IN	I	Clock ticks	Y
Not approved to live independently of a specified caretaker relative. **TANF cash assistance is denied.**				

TANF CASH ASSISTANCE: **MINOR PARENT** (Under age 18, **married**, and caring for his/her minor child); **or** emancipated by the court.

NOTE: Indicators refer to the **minor parent only**

Minor Parent	Part Code	Adult/Child Indicator	Time clock Exemption	FIA/EP Required
Teen parent living arrangement rules do not apply. A minor parent has been emancipated by marriage or court.	IN	I	Clock ticks	Y

DB

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Department of Public Health and Human Services

TANF CASH ASSISTANCE

SECTION: HOUSEHOLD COMPOSITION

SUBJECT: Marital Status/Joint Custody

Supersedes: TANF 201-2 07/01/03)

References: ARM 37.78.102, .103 and .208

GENERAL RULE–An application on behalf of a minor child must include certain relatives living with the minor child. These family members related to the minor child by blood, adoption or marriage to the child's natural/adoptive parent, are considered to be a **filing unit**. The income, resources, and nonfinancial criteria of these relatives are evaluated in the determination of eligibility and/or benefit payment (grant).

Minor children who usually live with a custodial caretaker relative and are visiting their other parent (or other caretaker relative) for a temporary visit are not considered to be living with the second parent or caretaker relative. They are 'temporarily absent' from their custodial parent, and could be eligible in the custodial parent's household.

EXAMPLE: Minor child normally lives with his mother. Each summer he goes to visit his father. During his absence from his mother's home, he is still considered to be living with his mother. If his father applied for TANF cash assistance, the father's application would be denied (even if the child's mother was not on assistance) if he was the only minor child in his father's home.

NOTE: A minor child is defined as a child under age 18 (or if age 18, is attending secondary school or its equivalent, full-time) **and** is living with a specified caretaker relative (Sections 304-1 and 305-1).

MARITAL STATUS Marital status only needs to be verified if questionable. A marriage license, divorce decree, separation agreement or other documentation which establishes the relationship could be used as verification. Document status in TEAMS Case Notes (CANO).

NOTE: Same sex marriages are not recognized under Montana State Law.

COMMON LAW MARRIAGE

In Montana, a man and a woman who have not gone through a formal marriage ceremony may enter into a legally binding common law marriage.

For a common law marriage to exist, 3 elements must be present:

1. Consent and agreement - the man and woman must have mutually agreed and consented to enter into a marriage relationship,

   NOTE: A common law marriage is NOT created simply because a man and woman live together and act as if they were married even if they have children in common. The parties must INTEND to enter into marriage.

2. Competency - both were legally competent to enter into a marriage, and

   NOTE: Each of the parties must be old enough to marry and not married to anyone else to enter into a valid common law marriage.

3. Cohabitation and holding themselves out as married.

   The parties must live together and hold themselves out to relatives, friends, neighbors, co-workers and the public as being married. Merely living together or having children together is NOT indicative that a common law marriage exists. There must be evidence that the parties hold themselves out as a married couple. Evidence that they do hold themselves out as married may include:

   a. using the same last name;

   b. referring to each other as husband and wife when introducing each other or talking to others;

c. listing each other as spouse on health or life insurance policies, loan or credit applications, tax returns, and other documents.

NOTE: Owning property such as a house or car jointly with another person is NOT evidence that they are holding themselves out as married unless the deed, title or other proof of ownership indicates that they own the property as husband and wife.

PROVING COMMON LAW MARRIAGE

The most important element of the common law marriage, and the hardest to prove, is that the parties intended at some specific point in time to enter into a marriage. If the Office of Public Assistance (OPA) alleges that an applicant or participant has entered into a common law marriage, the OPA has the burden of proving that the three necessary elements of a common law marriage are present, including intent.

Under Montana law (26-1-602(30) MCA), there is a presumption that a man and woman who behave as if they were married have entered into a lawful contract of marriage. However, this presumption can be overcome by evidence to the contrary.

Often there will be conflicting evidence as to whether the parties held themselves out as married. For example, the woman may continue to use her own name in some situations but use the alleged husband's name at other times, or the parties may list each other as the spouse on some documents but not others. In these instances, a court or hearing officer may find that a common law marriage does NOT exist.

DOCUMENTATION REQUIREMENTS– If the three elements are present, request a written statement from the parties attesting to these facts. Document action in TEAMS Case Notes (CANO). If the three elements are not present in the alleged relationship, do not establish common law marriage. Document the status in TEAMS Case Notes (CANO).

NOTE: Even in cases with considerable evidence the parties did hold themselves out as husband and wife at least part of the time, courts have held that NO common law marriage existed. If there is any questionable evidence, do not consider the parties to be common law married.

➤JOINT CUSTODY / 50/50 CUSTODY

A "joint custody" agreement legally provides that both parents function as providers of maintenance, physical care, and guidance for the child(ren). The custody arrangements only needs to be investigated when a question exists about who is the primary custodial parent (e.g., a divorce decree or parenting plan indicates joint custody, a complaint is received by one of the parents, the applicant or participant indicates that they share the child(ren), etc.)

For the purposes of determining filing unit, the determination must be made, if custody is shared 50/50 between the parents, and is not dependent upon legal document designation of joint custody. A thorough investigation of visitation schedules must be made to determine the actual custodial arrangements. The minor child must be living with the primary custodial natural/adoptive/step-parent or other specified caretaker relative the **substantially greater** part of each benefit month (three or more days per month more than the other custodial parent), when examined on an annual basis.

The preferred form of verification of the visitation schedules is to obtain statements from both custodial parents, because of child support issues. However, in instances of documented domestic violence, a statement can be obtained from at least one individual who has personal knowledge of the visitation schedule. The statement should provide details about the visitation schedule, including specifically the days which each parent is scheduled to spend with the child. The statement should also explain why the individual has reason to know what the visitation schedule is.

Once the visitation schedule is established the Eligibility Case Manager must determine if custody is shared 50/50 between the parents. The visitation schedule needs to be examined on a prospected annual basis.

EXAMPLES:

The visitation schedule is that each parent has the child(ren) every other week. When examined on an annual basis, each parent has the child 26 weeks per year and this is considered 50/50 custody. **OR**

The visitation schedule is that the mother has the child(ren) Monday through Friday and the

father has the child(ren) every weekend. This would not be considered 50/50 custody.

If one parent is providing care for the child(ren) during the other parents scheduled visitation in-lieu-of hiring a child care provider, credit is given to the parent with the scheduled visitation.

For example, the visitation schedule is that each parent has the child(ren) every other week. During the father's regularly scheduled visitation, the mother provides care for the child(ren) while the father is working. Credit is still given to the father as being the custodial parent for that week.

NOTE: The number of meals provided by one parent or the other is not considered in determining shared custody for TANF cash assistance.

Once the custodial parent designation is made, it remains in place until relinquished/changed by the custodial parent. This designation may be relinquished through any of the following actions:

1. by the court;

2. by written agreement with another specified relative (who could be the other parent), who has assumed the care of the child; or

3. by the Department through verification the child no longer resides with the initially designated relative.

If custody is shared equally by the child's parents, the filing unit must include both parents, their respective spouses and children. Everyone must meet all nonfinancial and financial criteria. Under these circumstances, because of the expanded filing unit, eligibility may not exist.

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Department of Public Health and Human Services	Section: HOUSEHOLD COMPOSITION
TANF CASH ASSISTANCE	Subject: Adding/Removing Members

Supersedes: TANF 201-3 (07/01/07)

References: ARM 37.78.102; .206; .208 and .227

GENERAL RULE–When a required filing unit member moves in or out of the household, or makes application for benefits, eligibility and/or benefits must be redetermined based on the new filing unit.

For the policy on adding or removing a household member at application, see TANF 103-5.

►ADDING MEMBERS

When it is discovered/reported that an individual, who is a required filing unit member, has entered the household, eligibility must be **prospectively** determined for the new filing unit. If eligibility continues, the new member is added to the benefits the first of the next benefit month.

► **EXCEPTION:** If the individual is a newborn child, the process outlined in "Adding Newborn" section below must be followed.

If the new member is a caretaker relative who is not a required assistance unit member, they are added the first of the month following request.

► **NOTE:** If the new household member is an adult, the "Adding a New Household Member" form (HCS-261A) is required. If the new household member is a child, the use of the HCS-261A is encouraged as it allows for adequate notice of adverse action.

NOTE: All financial and non-financial criteria must be verified and documented for each new household member, as outlined in TANF 103-4 Verification and Documentation.

If this is a joint custody case, review TANF 201-2. If the member is moving in for a temporary visit please review TANF 302-1.

NOTE: When a IV-E foster child returns to the home, his or her needs are included in the unit, if eligible, as of the first day of the month following the termination of the IV-E foster care payment. Except in instances of a temporary absence, IV-E foster care payments and TANF grants cannot be made for the same child for the same month.

►ADDING NEWBORN

When it is discovered/reported that a newborn child, natural or adoptive, has entered the home, eligibility must be prospectively determined for the new filing unit.

►NEWBORN REPORTED TIMELY

If the newborn child is required to be included in the assistance unit, he/she will be added to the assistance unit the date of birth or adoption, **provided the household has reported the birth or adoption of the newborn within ten (10) days from the date of birth or adoption.** TANF cash assistance would be supplemented from the date of birth or adoption, once all eligibility requirements (including non-financial eligibility requirements), are met.

►

The following steps will be taken to add the newborn to the household and supplement TANF cash assistance:

1. Copy the unborn's ID number from SEPA;
2. Next to CLIM;
3. Inquire on the unborn using the unborn's ID number;
4. Save the unborn for maintenance;
5. Change the date of birth, name and gender code on CLMA;
6. Next to AF SEPA and change the relationship code of the child to 'CH' from 'UB', change the participation code to 'IN' and change the STR DATE on AF SEPA to be the date of birth for the child;
7. Enter all required information for the newborn on TEAMS, including child support enforcement information;
8. Authorize supplemental TANF cash assistance benefits for the newborn on EXPD and send appropriate notice.

►DEEMED PARENT

If the household reports the birth of a child within ten (10) days from the date of birth **and** the father of the unborn is coded as a deemed person ('DP' on SEPA), the father of the unborn will **not** be added to the household until the first of the month following the birth of the child, even though the child is added the date of birth as outlined above.

►

The following steps will be taken to add the newborn and the father to the household:

1. Copy the unborn's ID number from SEPA;
2. Next to CLIM;
3. Inquire on the unborn using the unborn's ID number;
4. Save the unborn for maintenance;
5. Change the date of birth, name and gender code on CLMA;
6. Next to AF SEPA for the month of birth and change the relationship code of the child to 'CH' from 'UB', change the participation code to 'IN' and change the STR DATE on AF SEPA to be the date of birth for the child;

NOTE: The deemed father will remain coded as 'DP' for the month of birth.

7. Enter all required information for the newborn on TEAMS, including child support enforcement information. A "good cause" code of 'GC' must be entered on the ABP1 screen in the OPA Coop Code field;
8. Authorize supplemental TANF cash assistance benefits for the newborn for the month of birth on EXPD and send appropriate notice;
9. Change the benefit month to be the following month and next to AF SEPA;
10. Change the coding of the deemed parent from 'DP' to the appropriate participation code and enter all required information on the parent. If the father is required to do a FIA/EP, this may cause a change in participation hours for the household. (Refer to "Changing WoRC Hours" section on page 4.)

►NEWBORN NOT REPORTED TIMELY

If the newborn child is required to be included in the assistance unit, but the household **fails** to report the birth or adoption of the newborn within ten (10) days from the date of birth or adoption, the newborn child will be added to benefits the first of the benefit month following the report of the birth or adoption.

► **NOTE:** If the father of the unborn is coded as a deemed person ('DP' on SEPA), in this instance, the father of the unborn will also be added to benefits the first of the benefit month following the report of the birth or adoption.

The following steps will be taken to add the newborn to the household and issue Medicaid benefits, if appropriate, for the month of birth:

1. Copy the unborn's ID number from SEPA;
2. Next to CLIM;
3. Inquire on the unborn using the unborn's ID number;
4. Save the unborn for maintenance;
5. Change the date of birth, name and gender code on CLMA;
6. "Next" to SEPA – enter through AF/SEPA to get to the MA-SEPA screen (**DO NOT MAKE ANY CHANGES TO AF/SEPA**);
7. On MA/SEPA, change the relationship code to "CH" and the participation code to "IN";
8. Enter through all other necessary screens and authorize the MA on EXBD.

NOTE: If anyone (e.g., Eligibility Case Manager or Supervisor) goes back to AF/SEPA after changing MA/SEPA, the relationship code of "CH" from MA/SEPA carries over to the AF/SEPA screen causing error edits which would force the worker to change the participation code. The changed participation code will cause the TANF file to error so it is important that nobody returns to any SEPA screen for the birth month once the MA/SEPA screen has been completed.

EXCLUDING MEMBERS

When a required filing unit member remains in the household but becomes a recipient of SSI, is disqualified, or no longer meets an eligibility requirements, (such as age), his/her needs are excluded effective the first of the next benefit month. Timely notice must be given.

REMOVING MEMBERS FROM CASE

When a required filing unit member is reported to have left the household the household is required to complete the HCS 262 "Household Member Absence" form. The information on the form will be used to make a determination of whether or not the member is considered to be temporarily absent. (TANF 302-1)

NOTE: The HCS-262 form is not required if Child and Family Services has notified the OPA that a child(ren) have been removed from the home and the plan is to return them to the home within 90 days.

► If the household member does not meet the criteria to be considered temporarily absent from the home, his/her needs are removed effective the first of the next benefit month. The individual is coded "OU" on AF SEPA and removed from the case on TEAMS via DECC. However, if notification cannot be provided timely, the situation does not meet the exceptions to timely notice (TANF 1503-1) or the action is taken after TEAMS cutoff, benefits must be issued at the prior level (including individual who is no longer in the filing unit/home). No overpayment is established. Document action in TEAMS Case Notes (CANO).

►HOUSEHOLD COMPOSITION

Household composition should always be considered questionable when the result of a household member moving out results in the household being eligible for TANF (e.g., no longer over income/resources or time clock not exhausted.) The household composition should also be considered questionable when a sanction penalty month has been imposed and the household reports the sanctioned member is no longer in the household. (See TANF 103-4 for process on verifying questionable household composition.)

EXAMPLE: Tom and Susie are a 2-parent household receiving TANF cash assistance. Susie is notified she will be sanctioned for the month of February. It is her first sanction, resulting in a penalty month for February. On January 20th, Tom reports that Susie has left the household. Because the household composition is questionable, based on the sanction, hard copy/collateral verification of the household composition is appropriate. (TANF 702-3) If Tom provides verification of household composition that indicates Susie has left the household, TANF benefits can be issued for the remaining household members.

IN MORE THAN ONE ASSISTANCE UNIT/PROGRAM

An individual cannot be included as an 'IN' or 'DQ' member of more than one assistance unit in the same month.

Sometimes a **child** may move from one household to another within a benefit month and can be a required filing unit member in each household as an "eligible child", but cannot receive benefits in both households for the same benefit month.

EXAMPLE: A child leaves the home of specified relative #1 and moves into the home of specified relative #2 (who has no other eligible children). Eligibility is determined for the new filing unit - the child (TEAMS Part Code: 'TR') and specified relative #2. The needs of specified relative #2 are included as of the date of application, if eligible, but the child's needs cannot be included until the first of the month following termination from household #1.

In the second month of eligibility, the child's Part Code must be changed from 'TR' to 'IN' or the case will fail - no eligible child in the filing unit.

NOTE: Minor children who usually live with a custodial caretaker relative and are visiting their other parent (or other caretaker relative) for a temporary visit are not considered to be living with the second parent or caretaker relative. They are 'temporarily absent' from their custodial parent, and could be eligible in the custodial parent's household. (TANF 302-1)

EXAMPLE: Minor child normally lives with his mother. Each summer he goes to visit his father. During his absence from his mother's home, he is still considered to be living with his mother. If his father applied for TANF cash assistance, the father's application would be denied (even if the child's

mother was not on assistance) if he was the only minor child in his father's home.

► Sometimes an **adult** may move from household A to household B within a benefit month. If household B should apply for benefits in a month that the individual was a required filing unit member for household A, the adult would have to be coded 'OU' or 'DP' until the first of the next month after notice was given to remove him/her from household A. (See TANF 1503-1 for notice requirements.)

CHANGING WoRC HOURS

If adding or removing a household member requires changing the number of hours that another household member is assigned to WoRC, the Eligibility Case Manager must enter an END DATE for the existing WRC component and enter a new component beginning the first of the next month.

► **EXAMPLE:** On April 4, 2008, a participant who has a child under the age of six (6) reports that her husband has left the home. This change will result in a change in the required number of participation hours (132 to 108 hours per month). Because the participation hours differ, the Eligibility Case Manager must enter an END DATE of 043008 on the existing WRC component and add a new WRC component with a START DATE of 050108 with an END DATE of 999999 on EMPL.

► **NOTE:** An END DATE can be changed retroactively (e.g., on April 4, the WRC component with an existing END DATE of 9's can be end dated 0331XX. However, the start date of the new component cannot be less than the current date (April 4), which causes a partial month referral to WoRC.

► **NOTE:** If the household is going from a single parent household to a two parent household, both individuals must negotiate a new Family Investment/WoRC Employability Plan (FIA/EP) before further benefits can be issued. If both do not negotiate a new FIA/EP the case must be closed giving appropriate notice. (See TANF 1503-1 for notice requirements.)

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DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

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May 31, 2006

To: All TANF Cash Assistance Policy Manual Holders

From: Del Bock, TANF Program Policy Specialist
Public Assistance Bureau, Central Office

Subject: TANF Cash Assistance Bulletin TB-21

Please place this bulletin at the beginning of the TANF Manual, Section 301-2.

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SECTION: Alien Status

SUBJECT: Alien Status Verification (S.A.V.E.)

EFFECTIVE DATE: Upon receipt

INTRODUCTION: The USCIS office in Helena no longer employs a status verifier on site. SAVE forms must now be submitted to a status verifier in Missouri.

POLICY CHANGE: TANF 301-2 Page 2 under ALIEN STATUS VERIFICATION (S.A.V.E.) remove #2 and replace with the following:

2. Submitting Form G-845S (with attached copies) to USCIS office in Missouri:

United States Citizenship and Immigration Services
National Records Center/SAVE
150 Space Center Loop
Lee's Summit, MO 64064

UPDATED MANUAL MATERIAL WILL BE DISTRIBUTED AS SOON AS POSSIBLE. UNTIL THAT TIME, USE THIS BULLETIN AS A GUIDE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR REGIONAL POLICY SPECIALIST. Thank you.

Department of Public Health and Human Services	Section: NONFINANCIAL REQUIREMENTS
TANF CASH ASSISTANCE	Subject: Overview

Supersedes: TANF 300 (01/01/07)

►References: ARM 37.78.102; 37.78.206; 37.78.208

GENERAL RULE–After it is determined which family members comprise the filing unit; the eligibility determination occurs to establish which of these members, in addition to the minor child, will have their needs included in the benefits. The eligibility determination is made by considering all nonfinancial criteria and all financial criteria of each filing unit member. Those members meeting the criteria will have their needs included in benefits and are collectively referred to as the assistance unit. There must be an eligible minor child in the assistance unit for other related family members to be eligible.

The nonfinancial requirements which must be met by each filing unit member in relation to the determination of need are:

	REQUIREMENT	MANUAL SECTION
1.	citizenship/alien status;	301-1
2.	residency;	302-1
3.	furnishing a Social Security number or verification that one has been applied for;	303-1
4.	age (minor child only);	304-1
5.	minor child living with a specified relative who is within the 5th degree of kinship;	305-1
6.	teen parent living in an approved adult supervised setting, unless he/she is approved to live independently;	305-1
7.	Child Support Enforcement referral;	306-1
8.	complying with Third Party Liability (TPL) and Health Insurance Premium Payment System (HIPPS) requirements;	307-1
9.	compliance with Program Compliance;	1508-2

10. negotiating and signing a Family Investment Agreement and a WoRC Employability Plan (FIA/EP) for anyone who is required to have a FIA/EP; 701-1

► 11. completion of an Intensive Case Management meeting for individuals who have been sanctioned at least twice since January 1, 2008; 702-3

12. comply with the Early Periodic Screening, Diagnosis and Treatment (EPSDT); FMA 804-1

13. providing verification that a convicted drug felon is complying with the conditions of supervision, actively participating in treatment, if required, or verifying that the sentence has been discharged; and 703-1

13. the 60 month timeclock has not been exhausted. 801-1

NOTE: If the 60-month time clock has been exhausted, all adult household members must meet an extension criterion to be eligible for extended TANF cash assistance. (TANF 801-3)

VERIFICATION OF CRITERIA

It is not necessary to verify all nonfinancial criteria. A participant statement in conjunction with documentation on TEAMS case notes is acceptable in some instances (Refer to TANF 103-4).

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Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: NONFINANCIAL REQUIREMENTS Subject: Citizenship

Supersedes: TANF 301-1 (07/01/02)

References: PL 104-193 and PL 106-395; ARM 37.78.102 and .220

GENERAL RULE--All members of the assistance unit must be United States (U.S.) citizens, U. S. Nationals or qualified aliens.

An applicant must:

1. Provide documentation of citizenship or U.S. National status, and

2. Sign a declaration under penalty of perjury that the applicant is a U.S. citizen or National. This declaration is included on the HCS-250, "Application for Assistance."

NOTE: When a new adult household member is added to the assistance unit, he/she must also sign a declaration of citizenship/alien status. This declaration is contained on Form HCS-261, "Adding a New Household Member".

U.S. CITIZEN

A United States citizen is someone born in:

1. One of the 50 states.
2. The District of Columbia.
3. Puerto Rico.
4. Guam.
5. The Virgin Islands.
6. The Northern Mariana Islands.

NOTE: Individuals born in the United States are U.S. citizens. This principle applies even to children whose parents are present in the U.S. illegally.

U.S. NATIONALS

A U.S. National is someone born in:

1. American Samoa.
2. Swain's Island.

NOTE: There is no requirement to have U.S. Nationals register with the United States Citizenship and Immigration Service (USCIS) or carry any documentation.

NATURALIZATION

People who are not U.S. citizens by birth may acquire citizenship by naturalization. Aliens do not become citizens simply by marrying a U.S. citizen. Spouses, however, can apply for naturalization and, if eligible, become citizens through the court.

In some instances, alien children become U.S. citizens when a parent is naturalized. These children might have their own separate naturalization records or papers. If so, their citizenship can be verified the same as an adult. If not, they may be eligible under the Child Citizenship Act of 2000.

➤ Citizenship acquired by naturalization can be verified in the county where naturalization occurred. Each county Clerk of Court has an index of all individuals naturalized in that county. If the person's record cannot be located or the county of naturalization is not known, verification can be obtained from United States Citizenship and Immigration (USCIS) which maintains an index of all naturalized individuals.

CHILD CITIZENSHIP ACT OF 2000

A child born outside of the U. S. to citizen parents or adopted from abroad by U.S. citizen parents automatically becomes a citizen of the U.S. when all of the following conditions have been fulfilled on or after February 27, 2001:

1. At least one parent of the child is a citizen of the U.S. whether by birth or naturalization.
2. The child is under 18 years of age.
3. The child is lawfully admitted for permanent residence to the U.S. and is residing in the legal and physical custody of the citizen parent.

NOTE: Once all of the above conditions have been met on or after February 27, 2001, citizenship is granted without further action required on the part of the family or government. When citizenship has been granted, it does not go away even if any of the above conditions no longer continues to be met (e.g., child turns 18 after 02/27/01).

DERIVATIVE CITIZENSHIP

Children can derive citizenship from their parent(s). For example, a child born abroad to a U.S. citizen might acquire foreign citizenship depending on the laws of that country. The child, however, might also claim U.S. citizenship. If the individual has not gained citizenship under the Child Citizenship Act of 2000 and does not have other verification of citizenship, refer the individual to USCIS to complete the necessary paperwork and provide status verification.

PERSON BORN ABROAD

There are many legal considerations in determining the citizenship of a person born abroad. If the individual has not gained citizenship under the Child Citizenship Act of 2000 and does not have other verification of citizenship, refer the individual to USCIS to complete the necessary paperwork and provide status verification.

FOREIGN ADOPTION BY U.S. CITIZEN

If an adopted child has not gained citizenship under the Child Citizenship Act of 2000, determine if the child has been granted U.S. citizenship by application to USCIS.

If the birth certificate shows a foreign place of birth and the individual cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship.

VERIFICATION

All filing unit members must be either a U.S. citizen, National or qualified alien to receive benefits. (See TANF 301-2 for information on Qualified Alien Status.) Use any of the following documents to verify U.S. citizenship or National status:

1. Birth certificate
2. U.S. Passports
3. Report of Birth Abroad of a Citizen of the U.S.
4. Certification of Birth (form FS-545)
5. U.S. Citizen I.D. Card
6. Naturalization Certificate (form N-550 or N-570)
7. Certificate of Citizenship (form N-560 or N-561)
8. Northern Marianas Card (form I-873)
9. Statement provided by U.S. consular official certifying the individual is a U.S. citizen.

INCONCLUSIVE EVIDENCE

When conclusive evidence is not available for applicants alleging birth in the U.S, obtain one of the following types of preferred evidence until conclusive evidence is available:

1. Preferred:

    a. Certificate of Identity and Registration, Form FS-225, which was issued by Foreign Service Posts until June 1972;

    b. A religious record of birth recorded in the U.S. within three months of birth, which indicates a U.S. place of birth. The document must show either the birth date or the individual's age at the time the record was made;

    c. Evidence of civil service employment by the U.S. government before June 1, 1976;

d. Census record showing U.S. citizenship or a U.S. place of birth;

e. Any document which:

(i) was not issued by the Social Security Administration;

(ii) was established at least five years before the initial application date;

(iii) indicates a U.S. place of birth; and

(iv) the place of birth on the document and the application agree.

2. When conclusive or preferred evidence is non-existent, obtain statements from at least two people, indicating a reasonable basis for their knowledge about the individual's birth in the U.S.

If the household cannot obtain any of these verifications and can reasonably explain why verification is not available, refer the individual to the proper authorities such as USCIS, county/state vital statistics offices, etc., and allow a reasonable amount of time for the individual to obtain the required documents before denying or terminating benefits.

NOTE: Code the household member(s) attempting to obtain verification of citizenship as 'DQ' on SEPA until they are able to comply. Eligibility determination should be made for the remaining household members if all necessary information is provided. If verification of citizenship is provided within 45 days of the application date, add the household member(s) as of the application date. If not, add them as of the first day of the month after verification is received.

TEAMS PROCESSING

Individuals, whether U.S. citizens, Nationals or aliens, must be coded on the TEAMS Residency and Citizenship (RECI) screen in the CIT field as:

1. 'EA' (Eligible Alien);
2. 'RF' (Refugee);
3. 'IA' (Ineligible Alien); or
4. 'US' (U.S. citizen or National).

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Department of Public Health and Human Services	Section: NONFINANCIAL REQUIREMENTS
TANF CASH ASSISTANCE	Subject: Alien Status

Supersedes: TANF 301-2 pages 1-2 only (01/01/07); TB-33 (3/23/07)

References: ARM 37.78.102 and .220; 65 FR 58301-58303; PL 104-208; PL 105-306

GENERAL RULE–TANF cash assistance eligibility for aliens is based on whether the alien meets qualified alien status. If the individual does not meet citizenship requirements (TANF 301-1), he/she must:

1. Provide documentation of his/her alien status; **and**
2. Sign a declaration under penalty of perjury that he/she meets the alien qualifications to receive benefits.

The minor child's caretaker relative is required to sign a statement for all minor children for whom application is made. This statement is included in the HCS-250, "Application for Assistance". The caretaker relative is signing for all household members.

If an individual is not a U.S. citizen or U.S. National, his/her alien status must be evaluated. Aliens meeting one of the status categories are considered "qualified aliens" and may be eligible for assistance if all other program requirements are met.

Aliens, other than those who meet the qualified alien criteria, are not eligible for benefits. This group includes, but is not limited to, visitors, tourists, diplomats and students who enter the U.S. temporarily with no intention of abandoning their residence in a foreign country.

NOTE: Refugees may be eligible for Refugee Cash Assistance and Refugee Medical Assistance under certain conditions. (Refer to TANF 1001-1 and 1002-1.)

Alien status is normally indicated by documents from the United States Citizenship and Immigration Services (USCIS), or the written decision of an immigration judge.

If a filing unit member is an alien, review the current members for qualified alien status any time a participant submits a change report which affects the household composition (i.e., a member moves in/out, divorces or dies).

ALIEN STATUS VERIFICATION (S.A.V.E.)

Immigration status of all alien applicants must be verified with USCIS. **The eligibility determination process is not to be delayed pending USCIS verification of the documents, provided all other eligibility criteria have been met**.

Alien Status verification through USCIS is provided by:

1. Completing USCIS Form G-845S "Document Verification Request" and attaching copies (both sides) of the documentation of immigration status provided by the alien applicant;

▶ 2. Submitting Form G-845S (with attached copies) to a status verifier in California:

Status Verification of Citizenship
US Department of Homeland Security
300 North Los Angeles 2031
Los Angeles, CA 90012

If item #12 or #16 in the USCIS Response section of Form G-845S is marked by the Status Verifier, deny or terminate assistance. Use the following legal cites: P.L. 104-193, Title IV, Section 400-431.

All other USCIS responses indicate valid documents. Benefits may be authorized/continued if all other eligibility criteria are met. Document the results of USCIS verification in TEAMS case notes (CANO); retain appropriate documentation in the case file.

MANDATORY REPORTING

In the administration of the TANF block grant, states are mandated to report all aliens **known** to be unlawfully residing in the United States. The definition of 'known' in this circumstance is "when the unlawful presence is a finding of fact or conclusion of law that is made by the entity as part of a formal determination."

The determination by SAVES will either prove or disprove that the individual is lawfully residing in the United States. Based on the information provided by the individual, SAVES will determine that the individual is an alien known to be unlawfully residing in the United States as defined above, **OR** that they are unable to verify that the individual **is** lawfully residing in the United States.

Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: NONFINANCIAL REQUIREMENTS Subject: Furnishing A Social Security Number

Supersedes: TANF 303-1 (07/01/03)

References: 45 CFR 205.52, and 264.10; ARM 37.78.102

► GENERAL RULE–Each applicant or participant is required, as a condition of eligibility to:

1. Furnish a social security number (SSN); or

   NOTE: Furnish means to simply provide the SSN either verbally or in writing. A hard copy of the SSN is not required nor does a hard copy have to be kept in the case file.

► 2. Apply for a number through the Social Security Administration (SSA) if one has not been issued or is not known.

   NOTE: A receipt or copy of Form SSA-2853 OP3, "Application for a Social Security Number" will be sufficient documentation that application has been made.

This requirement applies to the specified caretaker relative, the children, and any other required filing unit member, unless good cause for furnishing or applying for an SSN exists (see below).

►VERIFICATION Once the SSN's are entered on the SSDO screen on TEAMS, they are agency verified (code 'AG') via a TEAMS interface with the Social Security Administration (SSA).

► All SSN's must be agency verified no later than the next redetermination date after the date of application. Once the 'AG' verification code is entered, the SSN does not have to be verified again.

► If SSA reports that the SSN cannot be verified or there is no match for the number, or the 'AG' code does not interface, contact the participant and request they investigate the problem with SSA and request to view their social security card. **Because providing an SSN is an eligibility requirement, unless good cause for not providing an SSN exists (see below), the participant would be coded 'DQ/IS' and TANF benefits would be closed (TANF 703-1).**

►NEWBORN'S SSN

Application for a newborn's SSN must be made by the first day of the second month following the child's birth or release from the hospital. Verification of application (Form SSA-2853 OP3 or a receipt from SSA) must be provided.

►

If application has been made, enter the application date in the SS-5 DATE field on SSDO. If application has not been made, enter the newborn's date of birth in the SS-5 DATE field on the SSDO screen on TEAMS in order to allow eligibility to be determined.

NOTE: An alert must be set to verify application has been made for an SSN prior to the first day of the second month following the child's birth or release from the hospital. Failure to make application will result in case closure as providing an SSN or making application for an SSN, unless good cause exists (see below), is a non-financial eligibility requirement (TANF 300).

Because the newborn is new to TEAMS, the SSA interface does not assign the SSN nor will the 'AG' code be displayed until the actual SSN is entered. TEAMS will assign a temporary number and an ALERT will be set by TEAMS to remind the Eligibility Case Manager to request the SSN from the child's caretaker relative. The specified caretaker relative must furnish the actual SSN as soon as it is available. Once the SSN is entered, it will be verified through the SSA daily interface and the 'AG' code will appear.

►FAILURE TO COMPLY WITH SSN REQUIREMENTS

If a required filing unit member fails or refuses to furnish the assigned SSN, without good cause (see below), the entire filing unit is ineligible. The individual should be coded 'DQ/IS' on AF SEPA and the application denied and/or the TANF case closed. (TANF 703-1)

►GOOD CAUSE

An applicant or participant may have good cause for not providing a social security number. Good cause exists when the individual has a documented religious or political reason for not obtaining a social security number. Case notes must be documented.

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PROCEDURE	ACTION
►Eligibility Case Manager:	1. Inform the applicant/participant that disclosure of the SSN is an eligibility requirement and that the SSN will be used in the administration of the program.

►	2.	Refer an individual who does not have an SSN, needs a duplicate card or needs to update current information (i.e., name change) to the local SSA Office.
►Applicant/ Participant:	3.	Furnish the assigned SSN for all required filing unit members.
	4.	If an SSN has not been assigned, make application and provide a receipt from the Social Security Office as verification that an application has been completed and filed. Furnish a copy of the assigned SSN immediately upon receipt.
Eligibility Case Manager:	5.	Once the assigned SSN is known, enter the number on the SSDO screen using 'CS' (client statement) verification code. TEAMS will interface daily with SSA and the 'CS' code will automatically change to 'AG' if the SSN is correct.

DB/NC/KQ

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Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: NONFINANCIAL REQUIREMENTS Subject: Minor Child Living With A Specified Caretaker Relative / Teen Parent

Supersedes: TANF 305-1 (07/01/06)

References: ARM 37.78.206, .207 and .208

GENERAL RULE-- A minor child must be living with a specified relative who is providing care on a day-to-day basis in a setting maintained or in the process of being established, as the child's home.

SPECIFIED CARETAKER RELATIVE

A child's specified caretaker relative(s) may be any relation by blood, marriage or adoption that is within the fifth degree of kinship to the child. A specified caretaker relative may be one of the following individuals:

1. Father, mother, grandfather, grandmother, brother, sister, uncle, aunt, first cousin, nephew, niece; or

► 2. Great grandparent, great-great grandparent, great-great-great grandparent, great-aunt, great-uncle, great-great aunt and uncle; or

3. Stepfather, stepmother, stepbrother, stepsister; or

4. One who legally adopts the child or his/her parent as well as the natural and other legally adopted children of such persons, and other relatives of the adoptive parents; or

5. Spouses of anyone named in the above groups even after the marriage is terminated by death or divorce; and

► 6. First cousin once removed.

► **EXAMPLE:** Fred's aunt is Pat. Pat's child is John. John's child is Joe. Joe is Fred's first cousin once removed.

A parent or stepparent of a child must be included in the filing unit (except SSI recipients) and they are included in the assistance unit as long as the child remains eligible and the parent or stepparent is otherwise eligible.

A specified relative other than the child's parent (aunt, uncle, grandparents, etc.) must be acknowledged as the child's specified relative in the filing unit and may have his/her needs included in the assistance unit **upon request**. If this caretaker relative wants to be included in the assistance unit, his/her spouse is included in the filing unit as a Deemed

Person (Part Code, 'DP'), but cannot have his/her needs included in the assistance unit.

NOTE: If a caretaker relative requests assistance for more than one child in the household, all children for whom assistance is requested must be included in a single assistance unit (e.g., mom is requesting assistance for her child and her niece). Everyone related by marriage and parentage must still be included.

VERIFYING RELATIONSHIP

Verification must be provided which proves that each minor child included in the filing unit and the assistance unit is actually related to the specified relative(s), and to his/her sibling(s), either by birth or marriage.

The primary verification for relationship is the birth certificate/adoption papers, baptismal certificate, marriage license, divorce decree or death certificate. **Other documents may be utilized if necessary. An example would be a voluntary statement signed by both parents acknowledging the paternity of the child. This statement does not require notarization for purposes of including the parent in the assistance unit and will remain viable until proven otherwise (ie, a paternity test that excludes the individual as the father).**

LIVING WITH THE CARETAKER RELATIVE

The child is considered to be "living with" his caretaker relative and other required filing unit members if the child is physically residing with the specified relative even though:

1. the child is not currently living in the home but will be within 30 days of the receipt of benefits;

2. legal custody is held by an agency/person that does not have physical custody of the child,

3. the child is under the jurisdiction of the court (on probation),

   NOTE: A child incarcerated in a correctional institution such as Pine Hills, or any other institution providing schooling, counseling, and other structured activities for a specified time period imposed by a court of law, is not eligible for benefits.

4. the child is temporarily hospitalized for medical treatment which may include in-patient psychiatric services, or

5. the child is temporarily absent for a period of time, not to exceed ninety (90) consecutive days.

NOTE: The child may be temporarily absent from the home for longer than 90 days if the absence is for the sole purpose of attending a boarding school and the specified relative continues to exercise responsibility for the care of the child who is expected to return to the home at the end of the school term. Request periodic verification of school enrollment and attendance.

Verification of the "living with" requirement is only required when questionable. To verify the "living with" requirement, documents such as landlord/neighbor statements, rental agreements, or current school or court records that indicate the address and presence of the child may be used.

If evidence such as reports from neighbors, school officials, etc., indicate the possibility that the child is not living with the specified relative, a home visit should be scheduled or an investigation authorized.

►JOINT CUSTODY Please refer to the TANF 201-2 section for information regarding joint custody arrangements.

►MARITAL STATUS/ COMMON LAW Please refer to the TANF 201-2 section for information regarding marital status and common law marriages.

TEEN PARENT LIVING ARRANGEMENT For TANF cash assistance only: A teen parent (TANF 201-1) must reside with and in the same residence as his or her parent(s) or other specified caretaker relative. If not, the Teen Parent Living Arrangement Review Committee must approve them to live independently of a specified caretaker relative.

A teen parent is defined as an individual who, through the end of the month of his/her 18th birthday, is unmarried and caring for his/her minor child (adult/child indicator code on SEPA is either 'I', 'N' or 'F').

NOTE: If the individual is under the age of 18, married and caring for his/her minor child they are considered a **minor parent** (adult/child indicator code on SEPA is 'I') and the teen parent living arrangement rules do not apply.

EMANCIPATION

NOTE: **If the individual under the age of 18 has been emancipated by the courts or by marriage, he/she is considered an adult for eligibility purposes, even if a**

divorce occurs and the teen moves back in with his/her parent(s). Once emancipated, always emancipated. Independent living arrangements do not need approval by the Review Committee for an emancipated minor.

EXCEPTION: If the minor is emancipated due to marriage and the marriage is annulled, then the emancipation is also considered invalid and the teen must comply with the independent living requirements.

When a teen parent is not living with his or her parent(s), other specified caretaker relative, or granted an exception by the Teen Parent Living Arrangement Review Committee, TANF cash assistance is denied for the household.

TEEN PARENT EXCEPTION

If the teen parent is not living with his/her parent(s) or a specified caretaker relative, the Teen Parent Living Arrangement Review Committee must review the living arrangement. The Committee may determine that the living arrangement is appropriate because the teen parent is living in an appropriate alternative adult-supervised setting (e.g., a second chance maternity home, or living with another adult acting as a guardian) or he/she must be allowed to declare one or more of the following circumstances exist (Form FA-791, "Teen Parent Living Arrangement Checklist") and given the opportunity to live without adult supervision:

NOTE: If the teen parent refuses to participate in the Review Committee process, deny the application.

1. The teen parent has no living parent, legal guardian, or other adult (who would meet applicable state criteria to act as the teen parent's legal guardian) or whose whereabouts are known.

2. The teen parent has no parent, legal guardian, or other appropriate adult relative who allows the teen parent to live in their home.

3. The teen parent is living independently because:

   a. Abuse and/or domestic violence exists in the parent's, legal guardian's, or adult relative's home.

   b. Alcohol and/or drug abuse exists in the parent's, legal guardian's or adult relative's home.

   c. His/Her parent, legal guardian, or adult relative lives out of the state/country.

d. His/Her parent, legal guardian, or adult relative is mentally ill.

e. His/Her parent, legal guardian, or adult relative is dangerous.

All declared circumstances must be verified through collateral contact such as written statements from health care professionals, law enforcement agencies, court officials, clergy, school officials, other relatives, neighbors, landlords, or any other adult with first-hand knowledge of the teen parent's circumstances. The teen parent's statement alone is not acceptable.

The committee may determine it is in the teen parent's "best interest" to make an exception, such as when a 17-year-old teen mother is succeeding in school and caring for her child, yet an available residential "slot" or returning to the home of her parent, legal guardian, or adult relative would require her to move away from all of the support networks that contributed to her success

If the Review Committee's decision is to allow the teen parent to remain in this living arrangement, continue with the eligibility determination process.

If the Review Committee's decision is to not approve the teen parent's living arrangement, the application is denied. No Child Only grant is issued.

NOTE: If one of the parents is an adult, the Teen Parent rules cannot be applied to him/her.

EXAMPLE: Seventeen year old mom, Cassie Lynn, lives with Benny, the 20 year old father of their baby. He is not required to go through the process with the Review Committee, but she is, due to her age. She agrees to have her living arrangements reviewed and the committee decides that living with Benny is the most suitable arrangement for her and the baby. She is approved and they receive TANF benefits as a household of three.

However, if she refused to go through the committee process, or if it is determined that living with Benny is not a suitable arrangement, there is no eligibility for any of the household members as long as she is under 18 and living with him, since they are all required assistant unit members. If Benny were to move out with the baby, because he is an adult he would be eligible for benefits, if all other eligibility requirements are met.

LIVING INDEPENDENTLY

If the teen parent has been approved to live independently, this arrangement shall be reviewed at the FIA/EP renewal and any time the teen parent fails to comply with an FIA/EP activity. If necessary, the Eligibility Case Manager may request the committee to reconsider the initial decision. Document in Case Notes. Set an ALERT to review this arrangement at all FIA/EP renewals.

REVIEW COMMITTEE

The evaluation of the teen parent's circumstances as well as assistance in locating an alternative adult-supervised setting, if necessary, shall be conducted by a committee comprised of any or all of the following selected by the County Director: the Eligibility Case Manager, the WoRC Case Manager, a Supervisor and/or the County Director/Designee, a social worker, a domestic violence counselor, a health care professional, school counselor or other school official, a representative from any other agency or organization with whom the teen parent is involved, and any other interested party. This committee should be available to meet on an as-needed basis.

It may not be necessary, in all cases, to involve anyone other than the teen parent, his or her Eligibility Case Manager, a Supervisor and/or the County Director/Designee in assessing the circumstances and making a decision. The Committee will:

1. Determine if the teen parent may live or continue to live, independently of a specified caretaker relative.

2. Assist in locating an alternative adult-supervised setting.

3. Reevaluate the independent living arrangement if it ceases to be appropriate or the teen parent fails to comply with the requirements of his or her FIA/EP.

TEEN PARENT EXAMPLES

1. A teen mother (under age 18 and unmarried) is living with the 19-year old father of her child. The teen parent applies for TANF cash assistance for her minor child. **ACTION:** Inform her that she must be living with a parent, a specified caretaker relative, or be approved to live independently by the Committee, as well as meet all other non financial and financial requirements. Present the household circumstances to the Teen Parent Living Arrangement Review Committee for an evaluation of the arrangement.

    a. If the Review Committee approves the living arrangement, continue with the eligibility determination process. The teen mother, her child, and the child's father are required filing unit members (Part Code, 'IN').

b. If the Committee does not approve the living arrangement, TANF cash assistance is denied.

2. A teen mother (under age 18 and unmarried) is living with her 17 year-old boyfriend (**not** the father of her child). She applies for TANF cash assistance. **ACTION:** Inform her that she must be living with a parent, a specified caretaker relative, or be approved to live independently by the Committee, as well as meet all other nonfinancial and financial requirements.

   She states she does not want to live at home or with an adult relative and there is no legal guardian. **ACTION:** Present the household circumstances to the Teen Parent Living Arrangement Review Committee for an evaluation of the arrangement.

   a. If the Committee approves the living arrangement, she and her child may receive benefits. Her 17 year-old boyfriend cannot because he is not related by marriage or parentage.

   b. If the Committee does NOT approve the living arrangement, TANF cash assistance is denied.

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► (01/01/07)

Relationship Determination Guide

DEGREE	RELATIONSHIP TO SELECTED PERSON	HOW TO DETERMINE RELATIONSHIP
First	**Spouse**	Husband or Wife
	Mother OR Father	Parent
	Daughter OR Son OR Unborn	Child
	Stepdaughter OR Stepson	Child of Spouse
	Stepmother OR Stepfather	Spouse of Parent
Second	**Sister OR Brother**	Sibling
	Half sister OR Half Brother	Child of Parent and Stepparent
	Stepsister OR Stepbrother	Child of Stepparent
	Grandmother OR Grandfather	Parent of Parent
	Granddaughter OR Grandson	Child of Child
Third	**Step Grandmother or Step Grandfather**	Spouse of Grandparent/Parent of Step-Parent
	Great Granddaughter OR Great Grandson	Child of Grandchild
	Great Grandmother OR Great Grandfather	Parent of Grandparent
	Aunt OR Uncle (including steps)	Sibling to Parent
	Niece OR Nephew (including steps)	Child of Sibling
Fourth	**Great-Great Granddaughter OR Great-Great Grandson**	Child of Great Grandchild
	Great-Great Grandmother OR Great-Great Grandfather	Parent of Great Grandparent
	Great Aunt OR Great Uncle	Sibling of Grandparent
	Great Niece OR Great Nephew	Grandchild of Sibling
	First Cousin	Child of Aunt or Uncle
Fifth	**Great-Great-Great Granddaughter OR Great-Great-Great Grandson**	Child of Great-Great Grandchild
	Great-Great-Great Grandmother OR Great-Great-Great Grandfather	Parent of Great-Great Grandparent
	Great-Great Aunt OR Great-Great Uncle	Sibling of Great Grandparent
	Great-Great Niece OR Great-Great Nephew	Great Grandchild of Sibling
	First Cousin Once Removed	Grandchild of Aunt or Uncle
	Second Cousin	Child of Great Aunt or Great Uncle

KQ/DB

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Department of Public Health and Human Services	Section: NONFINANCIAL REQUIREMENTS
TANF CASH ASSISTANCE	Subject: Residence/Home/Temporary Absence

Supersedes: TANF 302-1 (07/01/05)

References: ARM 37.78.102 and .207

GENERAL RULE–Applicants and participants must be Montana residents. The minor child must reside with a caretaker relative in a setting maintained as a home.

NOTE: Minor children who usually live with a custodial caretaker relative and are visiting their other parent (or other caretaker relative) for a temporary visit are not considered to be living with the second parent or caretaker relative. They are 'temporarily absent' from their custodial parent, and could be eligible in the custodial parent's household.

EXAMPLE: Minor child normally lives with his mother. Each summer he goes to visit his father. During his absence from his mother's home, he is still considered to be living with his mother. If his father applied for TANF cash assistance, the father's application would be denied (even if the child's mother was not on assistance) if he was the only minor child in his father's home.

RESIDENCY

Residency is established when an individual is living in Montana voluntarily with the intention of making a home here and not for a temporary purpose. A child is a resident of the state in which the custodial caretaker relative is a resident.

Residency does not depend upon the reason for which the individual entered the state, except it may indicate whether he/she is here voluntarily or for a temporary purpose. The individual's written declaration of intent to reside permanently or seek employment in the state of Montana verifies the residency requirement. There is no durational requirement, such as having to reside in Montana for six months prior to applying for or receiving public assistance.

Temporary residence with no intent to remain within the state does not fulfill the residency requirements. For example, migrant workers or minor children who usually live with a custodial caretaker relative in another state, and are in Montana to visit their other parent (or other caretaker relative) during a summer vacation or other school break do not fulfill this requirement.

Residence is retained until abandoned. A participant's temporary absence (not to exceed 90 consecutive days) from the state does not interrupt continuity of residence.

HOME

A home is the family setting evidenced by the assumption and continuation of responsibility for the day-to-day care of the child by the caretaker relative with whom the child is living or will be living. If the child is not living with a specified relative at the time of application but will do so within 30 days of the **receipt of the first benefits**, the child is considered to be in the home.

▶ **NOTE: If the child is away from the home for medical treatment at time of application, but intends to return to the home and the parent meets the requirements of the temporary absence rule (continues to exercise responsibility, maintains a home for the child, and plans to continue such responsibility when the child returns home), there is no time limit on how long the child can be absent either before or after the application date.**

The quality or type of the home (such as a vehicle, RV, camper, tent, etc.) is not a factor in determining eligibility. If evidence indicates that continuing to reside in the home is detrimental to the health and welfare of the child, a referral to the Department's child protective services for investigation must be made.

A home exists so long as the relative exercises responsibility for the child's care, even though the child or the relative is temporarily absent from the home.

HOMELESS

Assistance may be provided to otherwise eligible individuals who are homeless who, therefore, have no fixed address nor live in permanent dwellings. The individual must declare his/her intent to reside in Montana and meet the criteria stated above.

Lack of a permanent dwelling or lack of a fixed home or mailing address does not mean a home does not exist for purposes of determining whether a child lives with a specified relative in a setting maintained as a home.

COUNTY OF RESIDENCE

Participants may choose to receive TANF cash assistance benefits in their county of residence or any adjacent county. If the participant wishes to receive TANF cash assistance benefits in a county other than their county of residence or adjacent county, they can do so only if they meet the

temporary absence requirements. For the policy on handling applications made out of the county of residence, see TANF 103-1.

Participants who choose to be served in a county other than their county of residence must perform the majority of work activities in the county of service, including WEX placements and case management activities. Home visits out of the county of service for sanction/conciliation prevention or case management are not required if the distance is unreasonable. The case manager is not expected to know about or make referrals to resources available in the participant's county of residence. **Supportive services will not be issued to transport the participant from their county of residence to their county of service to comply with FIA/EP activities or to attend appointments.**

EXAMPLE 1: Participant lives in Ravalli County but conducts daily activities in Missoula. The participant wishes to receive benefits and services in the Missoula office. This would be allowable because Ravalli and Missoula Counties are adjacent. The participant must participate in Missoula County (WoRC, WEX, activities, etc.).

EXAMPLE 2: Participant lives in Glacier County but wants to receive benefits and services in Cascade County. This would only be allowed if the household met the temporary absence policy or special criteria as stated below.

TEMPORARY ABSENCE

Temporary absence occurs when an assistance unit member is away from his/her home for a period of time not to exceed 90 consecutive days, (unless the absence meets one of the special criteria listed below). Benefits continue for these members as long as the following conditions are met:

1. The absent member intends to return to his home within 90 days;

   NOTE: If the absence is expected to be longer than 90 days unless the special criteria below are met, the absence is not considered temporary even for the first 90 days.

2. While the individual is away, the caretaker relative continues to exercise responsibility and maintains a home for the child; and

3. The caretaker relative plans to continue such responsibility for the child upon return to the home.

If the absent member does not return to the home within the 90 days, without good cause (Section 1509-1), the individual is removed from the assistance unit unless special criteria below apply. If he/she is the only eligible child, eligibility terminates for the entire assistance unit. If the absent member is the child's specified caretaker relative, the child no longer meets the requirement of living with a specified caretaker relative and eligibility ends.

An evaluation of the intent to return to the home must be made. If there is no intent to return (verified by a written statement from the specified caretaker relative), a child support enforcement referral (HCS-332) must be completed (Section 306-1) and the individual's TEAMS Part Code changed from 'IN' to 'OU'.

NOTE: If the absent member is required to have a FIA/EP they must continue with their FIA/EP activities or a new FIA/EP must be negotiated. If a FIA/EP cannot be negotiated, the individual must be coded 'DQ' on SEPA for failing a basic eligibility requirement without good cause.

SPECIAL CRITERIA

If the absent member is away from home for **medical treatment**, he/she is not subject to the 90-day limit and, if otherwise eligible, may continue to receive benefits for an unspecified period of time.

The **child** may be temporarily absent from the home for longer than 90 days if the absence is for the sole purpose of attending a **boarding school** and the child is expected to return to the home at the end of the school term. Request verification of school enrollment and attendance.

NOTE: Participating in a Job Corps Program is not considered attending a boarding school.

An **adult** may be temporarily absent from the home for longer than 90 days if the absence is for a specific short-term training or employment.

EXAMPLE 1: Mom leaves home to attend a specialized training outside of the state. Allowed as a temporary absence.

EXAMPLE 2: Dad leaves home to go to Job Corps. Allowed as a temporary absence.

EXAMPLE 3: Mom leaves the state to complete an internship in another state. Allowed as a temporary absence.

EXAMPLE 4: Mom moves to Billings from Dawson County for PSE. Not allowed as temporary absence.

EXAMPLE 5: Mom in jail for 100 days. Not allowed as temporary absence.

TEAMS PROCESS

The absent member's TEAMS Part Code remains 'IN' during the temporary absence. An explanation of the circumstances must be stated in TEAMS Case Notes (CANO). An ALERT should be set (on the ETAL screen) for the month prior to the end of the 90 days, as a reminder to request confirmation of the absent member's return to the home.

➤ABSENCES LONGER THAN 90 DAYS

Post Secondary Education--When an adult is expected to be absent from the home for **longer than** 90 days for post secondary education, it is not considered a temporary absence. The adult cannot continue to be included in the assistance unit. However, if the absent adult has the intent to return home, this would be considered an intact family. The absent adult would be coded 'DQ' on SEPA and no child support papers should be completed.

Incarceration--When an individual is expected to be absent from the home for **longer than** 90 days because they are incarcerated, this is not considered a temporary absence. The absent individual must be removed from the case (coded 'OU') and child support papers completed when appropriate (e.g., originally a two parent household).

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Department of Public Health and Human Services

TANF CASH ASSISTANCE

SECTION: NONFINANCIAL REQUIREMENTS

SUBJECT: Furnishing A Social Security Number

Supersedes FAIM 303-1 (09/01/98)

➤References: 45 CFR 205.52, and 264.10; ARM 37.78.102

GENERAL RULE–Each applicant or participant is required to furnish a social security number (SSN) or make application if one has not been issued or is not known. This requirement applies to the specified caretaker relative, the children, and any other required filing unit member. Furnish means to simply provide the SSN either verbally or in writing. A hard copy of the SSN is not required nor does a hard copy have to be kept in the case file. TEAMS interfaces daily with the Social Security Administration (SSA) to verify the furnished numbers.

OBTAINING/ VERIFYING A SOCIAL SECURITY NUMBER

If a social security number has not been assigned or is unknown, the individual is required to apply for one at the local Social Security Administration office. A receipt or a copy of Form SS-5, "Application for A Social Security Number" will be sufficient documentation until the SSN has been assigned. The assigned SSN for each filing unit member once entered on the SSDO screen, will be verified (TEAMS code 'AG') via the daily interface with the Social Security Administration (SSA). Once the 'AG' code is entered, the SSN does not have to be re-verified or furnished again unless a name change has occurred.

An assigned SSN must be verified no later than the next redetermination date from the date of SSN application unless good cause exists (Section 1509-1). Document the action taken in CASE NOTES (CANO).

NEWBORN'S SSN

The newborn's caretaker relative must make application for and provide verification of the child's SSN either by using the form provided by the hospital, or Form SS-5 from the Social Security Office. This requirement must be completed by the caretaker relative by the first day of the second month following the mother/newborn's release from the hospital. Benefits may be provided to the child prior to receipt of the assigned SSN. Because the newborn is new to TEAMS, the SSA interface does not assign the SSN nor will the 'AG' code be displayed until the actual SSN is entered. TEAMS will assign a temporary

number and an ALERT will be set by TEAMS to remind the Eligibility Case Manager to request the SSN from the child's caretaker relative. The mother (or other caretaker relative) must furnish the actual SSN as soon as it is available. Once the SSN is entered, it will be verified through the SSA daily interface and the 'AG' code will appear.

FAILURE TO COMPLY WITH SSN REQUIREMENTS

If a required filing unit member fails or refuses to furnish the assigned SSN, without good cause, the entire filing unit is ineligible.

TEAMS PROCESSING

Assigned SSNs are entered on the SSDO screen. When a filing unit member does not have an assigned SSN, the date of the application for an SSN (Form SS-5) should be entered in the SS-5 date field. If this member is a newborn, the child's date of birth is entered.

The Social Security Administration (SSA) will report SSN mismatches on individuals via ALERTS such as 'NAME DOES NOT MATCH SSA NAME FOR (SSN)' or 'DOB FOR (SSN) DOES NOT MATCH SSA'. If this occurs, the Eligibility Case Manager shall contact the participant and request him/her to immediately investigate the problem.

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PROCEDURE	ACTION
Eligibility Case Manager:	1. Inform the applicant/participant that disclosure of the SSN is mandatory and that the SSN will be used in the administration of the program.
	2. Refer the individual to the local social security office to obtain an SSN or update current data such as a name change.
Applicant/ Participant:	3. Furnish the assigned SSN
	4. If an SSN has not been assigned, make application and provide a receipt from the social security office as verification that an application has been completed and filed. Furnish a copy of the assigned SSN immediately upon receipt.
Eligibility Case Manager:	5. Once the assigned SSN is known, enter the number on the SSDO screen using 'CS' (client statement) verification code. TEAMS will interface daily with SSA and the 'CS' code will automatically change to 'AG' if the SSN is correct.

Department of Public Health and Human Services	Section: NONFINANCIAL REQUIREMENTS
TANF CASH ASSISTANCE	Subject: Age of Minor Child/Student Status

Supersedes: TANF 304-1 (07/01/03)

References: ARM 37.78.102, .103, .206, .207, and .208

GENERAL RULE– TANF cash assistance is provided to a needy family with a minor child.

A minor child is an individual under age 18, or if age 18 is attending secondary school or an equivalent level program full-time. When the 18-year-old is no longer attending school full-time, his/her eligibility ends the last day of the month school attendance ends. The month after the child turns 19 he/she is no longer considered a minor child regardless of school attendance.

Minor children, age 16 or 17, not attending secondary school or an equivalent level program full-time, are required to complete a Family Investment Agreement/WoRC Employability Plan (FIA/EP). (TANF 701-1)

NOTE: College is not considered secondary school.

SCHOOL ATTENDANCE

In most public schools (elementary and secondary), full-time attendance is defined as receiving instruction for the school term (180 instructional days) approximately six (6) hours per day/30 hours per week.

To determine school attendance and full-time student status for the 16, 17, or 18-year-old minor child, request a statement from the appropriate school official. If the child is "home schooled" request this information from the child's caretaker relative.

HOME SCHOOLING

Minor children may be "home schooled" rather than enrolled in public or private schools. In Montana, home-schooling arrangements must be registered with the county superintendent of schools except if the child is age 16 or older. (Registration is not required for 16-year-old because under Montana law children may choose to not attend any school upon reaching age 16.) Registration identifies those children of school age living in the school district, not enrolled in the school system, but not to be considered truant. "Home schooling" instructional time does not have to be scheduled Monday through Friday nor during "regular" school hours.

If the home schooling average weekly hours are within plus or minus five (5) hours of the public school's schedule of 30 hours of class time per week, consider the 16, 17, or 18-year-old a full-time student. The 16 or 17-year-old may attend less than full-time and still qualify as a minor child

but the 18-year-old must be a full-time secondary school student as stated in the General Rule.

GED CLASSES

When the 18-year-old is enrolled and attending GED (Graduate Equivalency Diploma) classes rather than high school, the attendance hours may vary but should closely approximate 30 hours/week on average to qualify the 18-year-old as a full-time student or to allow the 16 or 17-year old to not have a FIA/EP. Request verification of attendance hours and other requirements from the institution providing the instruction.

EXAMPLES

1: Mike, age 18, is being "home schooled" by his mother. He is also working 6 hours per day, 3 days per week (18 hours /week).

To determine Mike's full-time student status, request verification of his weekly hours of instruction. If the caretaker relative states the instruction is taking place and the hours average 30/week (plus or minus 5 hours), designate the child as full-time student. He continues to qualify as a minor child. His earnings are excluded (Refer to TANF 502-1). Document TEAMS Case Notes (CANO).

2: Charlie, age 17, has graduated from high school. Because Charlie is no longer a full-time secondary school student, require Charlie to complete his own (FIA/EP). If otherwise eligible and he complies with his FIA/EP, Charlie is an eligible minor child through the month of his 18th birthday.

Charlie's FIA/EP activities are negotiated based on the requirements set forth in TANF 701-1 and 701-2. If Charlie fails to comply with his FIA/EP, he will be sanctioned.

Once the penalty period is over and he negotiates a new FIA/EP, he may continue to receive benefits through the month of his 18th birthday, if otherwise eligible.

3: Angie, turned age 18 in December. She is a full-time student. Continue to include Angie as a minor child through the month of graduation/completion of the program, or until she drops out, or turns age 19, whichever occurs first.

4: David, age 18, dropped out of school. David's needs are removed from benefits the last day of the month he dropped out because he is no longer a full-time student (TEAMS Part Code: 'OU' - failed age).

► 5: Jason, a 16-year-old minor child, has dropped out of school. Jason is required to complete his own FIA/EP to remain an eligible child. If Jason fails to negotiate a FIA/EP, the case is closed.

SR/DB

ΦΦΦ

Department of Public Health and Human Services	Section: NONFINANCIAL REQUIREMENTS
TANF CASH ASSISTANCE	Subject: Minor Child Living With A Specified Caretaker Relative / Teen Parent

Supersedes: TANF 305-1 (01/01/06)

References: ARM 37.78.206, .207 and .208

GENERAL RULE-- A minor child must be living with a specified relative who is providing care on a day-to-day basis in a setting maintained or in the process of being established, as the child's home.

SPECIFIED CARETAKER RELATIVE

A child's specified caretaker relative(s) may be any relation by blood, marriage or adoption that is within the fifth degree of kinship to the child. A specified caretaker relative may be one of the following individuals:

1. Father, mother, grandfather, grandmother, brother, sister, uncle, aunt, first cousin, nephew, niece;

2. Great grandparent, great-great grandparent, great-great-great grandparent, first cousin once removed (i.e., the child of the first cousin, may also be know as second cousin);

3. Stepfather, stepmother, stepbrother, stepsister;

4. One who legally adopts the child or his/her parent as well as the natural and other legally adopted children of such persons, and other relatives of the adoptive parents;

5. Spouses of anyone named in the above groups even after the marriage is terminated by death or divorce.

► **NOTE:** See chart on page 8 for assistance in determining degree of kinship.

A parent or stepparent of a child must be included in the filing unit (except SSI recipients) and they are included in the assistance unit as long as the child remains eligible and the parent or stepparent is otherwise eligible.

A specified relative other than the child's parent (aunt, uncle, grandparents, etc.) must be acknowledged as the child's specified relative in the filing unit and may have his/her needs included in the assistance unit **upon request**. If this caretaker relative wants to be included in the assistance unit, his/her spouse is included in the filing unit as a Deemed Person (Part Code, 'DP'), but cannot have his/her needs included in the assistance unit.

NOTE: If a caretaker relative requests assistance for more than one child in the household, all children for whom assistance is requested must be included in a single assistance unit (e.g., mom is requesting assistance for her child and her niece). Everyone related by marriage and parentage must still be included.

VERIFYING RELATIONSHIP

Verification must be provided which proves that each minor child included in the filing unit and the assistance unit is actually related to the specified relative(s), and to his/her sibling(s), either by birth or marriage.

The primary verification for relationship is the birth certificate/adoption papers, baptismal certificate, marriage license, divorce decree or death certificate. **Other documents may be utilized if necessary. An example would be a voluntary statement signed by both parents acknowledging the paternity of the child. This statement does not require notarization for purposes of including the parent in the assistance unit and will remain viable until proven otherwise (ie, a paternity test that excludes the individual as the father).**

LIVING WITH THE CARETAKER RELATIVE

The child is considered to be "living with" his caretaker relative and other required filing unit members if the child is physically residing with the specified relative even though:

1. the child is not currently living in the home but will be within 30 days of the receipt of benefits;

2. legal custody is held by an agency/person that does not have physical custody of the child,

3. the child is under the jurisdiction of the court (on probation),

   NOTE: A child incarcerated in a correctional institution such as Pine Hills, or any other institution providing schooling, counseling, and other structured activities for a specified time period imposed by a court of law, is not eligible for benefits.

4. the child is temporarily hospitalized for medical treatment which may include in-patient psychiatric services, or

5. the child is temporarily absent for a period of time, not to exceed ninety (90) consecutive days.

NOTE: The child may be temporarily absent from the home for longer than 90 days if the absence is for the sole purpose of attending a boarding school and the specified relative continues to exercise responsibility for the care of the child who is expected to return to the home at the end of the school term. Request periodic verification of school enrollment and attendance.

NOTE: See the 201-2 section of the TANF manual for joint custody arrangements.

Verification of the "living with" requirement is only required when questionable. To verify the "living with" requirement, documents such as landlord/neighbor statements, rental agreements, or current school or court records that indicate the address and presence of the child may be used.

If evidence such as reports from neighbors, school officials, etc., indicate the possibility that the child is not living with the specified relative, a home visit should be scheduled or an investigation authorized.

TEEN PARENT LIVING ARRANGEMENT

For TANF cash assistance only: A teen parent (Section 201-1) must reside with and in the same residence as his or her parent(s) or other specified caretaker relative. If not, the Teen Parent Living Arrangement Review Committee must approve them to live independently of a specified caretaker relative.

A teen parent is defined as an individual who, through the end of the month of his/her 18th birthday, is unmarried and caring for his/her minor child (adult/child indicator code on SEPA is either 'I', 'N' or 'F').

NOTE: If the individual is under the age of 18, married and caring for his/her minor child they are considered a **minor parent** (adult/child indicator code on SEPA is 'I') and the teen parent living arrangement rules do not apply.

EMANCIPATION

NOTE: **If the individual under the age of 18 has been emancipated by the courts or by marriage, he/she is considered an adult for eligibility purposes, even if a divorce occurs and the teen moves back in with his/her parent(s). Once emancipated, always emancipated. Independent living arrangements do not need approval by the Review Committee for an emancipated minor.**

EXCEPTION: If the minor is emancipated due to marriage and the marriage is annulled, then the emancipation is also considered invalid and the teen must comply with the independent living requirements.

When a teen parent is not living with his or her parent(s), other specified caretaker relative, or granted an exception by the Teen Parent Living Arrangement Review Committee, TANF cash assistance is denied for the household.

TEEN PARENT EXCEPTION

If the teen parent is not living with his/her parent(s) or a specified caretaker relative, the Teen Parent Living Arrangement Review Committee must review the living arrangement. The Committee may determine that the living arrangement is appropriate because the teen parent is living in an appropriate alternative adult-supervised setting (e.g., a second chance maternity home, or living with another adult acting as a guardian) or he/she must be allowed to declare one or more of the following circumstances exist (Form FA-791, "Teen Parent Living Arrangement Checklist") and given the opportunity to live without adult supervision:

NOTE: If the teen parent refuses to participate in the Review Committee process, deny the application.

1. The teen parent has no living parent, legal guardian, or other adult (who would meet applicable state criteria to act as the teen parent's legal guardian) or whose whereabouts are known.

2. The teen parent has no parent, legal guardian, or other appropriate adult relative who allows the teen parent to live in their home.

3. The teen parent is living independently because:

   a. Abuse and/or domestic violence exists in the parent's, legal guardian's, or adult relative's home.

   b. Alcohol and/or drug abuse exists in the parent's, legal guardian's or adult relative's home.

   c. His/Her parent, legal guardian, or adult relative lives out of the state/country.

   d. His/Her parent, legal guardian, or adult relative is mentally ill.

   e. His/Her parent, legal guardian, or adult relative is dangerous.

All declared circumstances must be verified through collateral contact such as written statements from health care professionals, law enforcement agencies, court officials, clergy, school officials, other relatives, neighbors, landlords, or any other adult with first-hand knowledge of the teen parent's circumstances. The teen parent's statement alone is not acceptable.

The committee may determine it is in the teen parent's "best interest" to make an exception, such as when a 17-year-old teen mother is succeeding in school and caring for her child, yet an available residential "slot" or returning to the home of her parent, legal guardian, or adult relative would require her to move away from all of the support networks that contributed to her success

If the Review Committee's decision is to allow the teen parent to remain in this living arrangement, continue with the eligibility determination process.

If the Review Committee's decision is to not approve the teen parent's living arrangement, the application is denied. No Child Only grant is issued.

NOTE: If one of the parents is an adult, the Teen Parent rules cannot be applied to him/her.

EXAMPLE: Seventeen year old mom, Cassie Lynn, lives with Benny, the 20 year old father of their baby. He is not required to go through the process with the Review Committee, but she is, due to her age. She agrees to have her living arrangements reviewed and the committee decides that living with Benny is the most suitable arrangement for her and the baby. She is approved and they receive TANF benefits as a household of three.

However, if she refused to go through the committee process, or if it is determined that living with Benny is not a suitable arrangement, there is no eligibility for any of the household members as long as she is under 18 and living with him, since they are all required assistant unit members. If Benny were to move out with the baby, because he is an adult he would be eligible for benefits, if all other eligibility requirements are met.

LIVING INDEPENDENTLY

If the teen parent has been approved to live independently, this arrangement shall be reviewed at the FIA/EP renewal and any time the teen parent fails to comply with an FIA/EP activity. If necessary, the Eligibility Case Manager may request the committee to reconsider the initial decision. Document in Case Notes. Set an ALERT to review this arrangement at all FIA/EP renewals.

REVIEW COMMITTEE

The evaluation of the teen parent's circumstances as well as assistance in locating an alternative adult-supervised setting, if necessary, shall be conducted by a committee comprised of any or all of the following selected by the County Director: the Eligibility Case Manager, the WoRC Case Manager, a Supervisor and/or the County Director/Designee, a social worker, a domestic violence counselor, a health care professional, school counselor or other school official, a representative from any other agency or organization with whom the teen parent is involved, and any other interested party. This committee should be available to meet on an as-needed basis.

It may not be necessary, in all cases, to involve anyone other than the teen parent, his or her Eligibility Case Manager, a Supervisor and/or the County Director/Designee in assessing the circumstances and making a decision. The Committee will:

1. Determine if the teen parent may live or continue to live, independently of a specified caretaker relative.

2. Assist in locating an alternative adult-supervised setting.

3. Reevaluate the independent living arrangement if it ceases to be appropriate or the teen parent fails to comply with the requirements of his or her FIA/EP.

TEEN PARENT EXAMPLES

1. A teen mother (under age 18 and unmarried) is living with the 19-year old father of her child. The teen parent applies for TANF cash assistance for her minor child. **ACTION:** Inform her that she must be living with a parent, a specified caretaker relative, or be approved to live independently by the Committee, as well as meet all other non financial and financial requirements. Present the household circumstances to the Teen Parent Living Arrangement Review Committee for an evaluation of the arrangement.

   a. If the Review Committee approves the living arrangement, continue with the eligibility determination process. The teen mother, her child, and the child's father are required filing unit members (Part Code, 'IN').

b. If the Committee does not approve the living arrangement, TANF cash assistance is denied.

2. A teen mother (under age 18 and unmarried) is living with her 17 year-old boyfriend (**not** the father of her child). She applies for TANF cash assistance. **ACTION:** Inform her that she must be living with a parent, a specified caretaker relative, or be approved to live independently by the Committee, as well as meet all other nonfinancial and financial requirements.

   She states she does not want to live at home or with an adult relative and there is no legal guardian. **ACTION:** Present the household circumstances to the Teen Parent Living Arrangement Review Committee for an evaluation of the arrangement.

   a. If the Committee approves the living arrangement, she and her child may receive benefits. Her 17 year-old boyfriend cannot because he is not related by marriage or parentage.

   b. If the Committee does NOT approve the living arrangement, TANF cash assistance is denied.

► (07/01/06)

Relationship Determination Guide

DEGREE	RELATIONSHIP TO SELECTED PERSON	HOW TO DETERMINE RELATIONSHIP
First	**Spouse**	Husband or Wife
	Mother OR Father	Parent
	Daughter OR Son OR Unborn	Child
	Stepdaughter OR Stepson	Child of Spouse
	Stepmother OR Stepfather	Spouse of Parent
Second	**Sister OR Brother**	Sibling
	Half sister OR Half Brother	Child of Parent and Stepparent
	Stepsister OR Stepbrother	Child of Stepparent
	Grandmother OR Grandfather	Parent of Parent
	Granddaughter OR Grandson	Child of Child
Third	**Step Grandmother or Step Grandfather**	Spouse of Grandparent/Parent of Step-Parent
	Great Granddaughter OR Great Grandson	Child of Grandchild
	Great Grandmother OR Great Grandfather	Parent of Grandparent
	Aunt OR Uncle	Sibling to Parent
	Niece OR Nephew	Child of Sibling
Fourth	**Great-Great Granddaughter OR Great-Great Grandson**	Child of Great Grandchild
	Great-Great Grandmother OR Great-Great Grandfather	Parent of Great Grandparent
	Great Aunt OR Great Uncle	Sibling of Grandparent
	Great Niece OR Great Nephew	Grandchild of Sibling
	First Cousin	Child of Aunt or Uncle
Fifth	**Great-Great-Great Granddaughter OR Great-Great-Great Grandson**	Child of Great-Great Grandchild
	Great-Great-Great Grandmother OR Great-Great-Great Grandfather	Parent of Great-Great Grandparent
	Great-Great Aunt OR Great-Great Uncle	Sibling of Great Grandparent
	Great-Great Niece OR Great-Great Nephew	Great Grandchild of Sibling
	First Cousin Once Removed	Grandchild of Aunt or Uncle
	Second Cousin	Child of Great Aunt or Great Uncle

SR/KQ/DB

ΦΦΦ

Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: NONFINANCIAL REQUIREMENTS Subject: Child Support Enforcement Referral

Supersedes: TANF 306-1 (01/01/06)

References: ARM 37.78.102 and .215; 45 CFR 264.30

GENERAL RULE–Prior to authorization of eligibility, applicants, participants and caretaker relatives are required to provide sufficient information to:

1. locate the non-custodial parents,
2. establish paternity of a child born out-of-wedlock, and
3. secure child/medical support

unless there is Child Support Good Cause for refusing/failing to do so.

NOTE: Anytime the effective date of closure has passed and a new application is required a new set of child support papers is required.

ASSIGNMENT OF RIGHTS

By signing the 'Application for Assistance' (HCS-250), the parent or caretaker relative has automatically assigned and transferred all rights to child, spousal and medical support to the State of Montana, Department of Public Health and Human Services (DPHHS). The Child Support Enforcement Division (CSED) is designated by law to:

1. locate the non-custodial parent(s),
2. establish paternity, and
3. establish and enforce all support obligations assigned.

The assignment is effective for current support, delinquent support accrued prior to the assignment and for medical obligations. The assignment takes effect upon a determination that the family is eligible for assistance and remains until eligibility terminates.

COOPERATION FOR SUPPORT

As a condition of eligibility, if the child's natural or adoptive parent is not living with the child, the specified caretaker relative (with whom the child is living) is required to cooperate with the State in pursuing child and medical support unless Child Support Good Cause for refusing to do so is determined to exist (TANF 306-2).

► **NOTE**: The custodial parent may request good cause at any time during the application process and after cash assistance has been approved.

Cooperation involves:

1. Completing Form HCS/CS-332, "Child Support Enforcement Referral".

2. Identifying and locating the parent(s) of the child.

3. Assisting in establishing the paternity of a child born out of wedlock.

4. Obtaining support payments.

5. Obtaining any other payments or property due the parent/caretaker relative or the child.

6. Appearing at the local office of child support enforcement or the county office of public assistance to provide oral or written information or documentary evidence relevant to the case.

7. Appearing as a witness at court or other hearings or proceedings.

8. Providing information or attesting to the lack of information under penalty of perjury.

9. Paying to the State any support payments received directly from the non-custodial parent after approval of eligibility for TANF cash assistance.

NOTE: **If a participant receives child support after approval of benefits and <u>does not</u> return it to the State, the <u>Eligibility Case Manager will establish an overpayment</u> for the total amount of child support retained and make a referral to Claims and Recovery for an IPV.** (TANF 1505-1)

HCS/CS-332 'Child Support Enforcement Referral'

Required information about the non-custodial parent and the status of his/her support obligation is collected on Form HCS/CS-332, "Child Support Enforcement Referral".

Except in circumstances where the individual cannot obtain the information and/or claims Child Support Good Cause, the individual will be required to provide both the name of the putative (assumed to be) father and/or mother and other information sufficient to verify the identity of the person named. The other information, which must be given <u>if known</u>, includes the non-custodial parent(s):

1. Social security number,

2. Date of birth,
3. Past or present address,
4. Telephone number,
5. Past or present place of employment,
6. Past or present school attended,
7. Names and addresses of parents, friend or relatives able to provide location information,
8. Military service,
9. Other information that could enable the CSED staff to locate the non-custodial parent(s) and serve legal documents.

NOTE: If the parent/caretaker relative claims unknown on the HCS/CS-332, approve application if otherwise eligible and forward all information to CSED. CSED will conduct an investigation to determine if the unknown is valid.

If the natural/adoptive parent (or other caretaker relative, such as a grandmother) **fails or refuses** to cooperate with CSED without good cause, **assistance is denied or closed**.

A separate referral form must be completed for EACH non-custodial parent (or alleged parent) of the child(ren) for whom assistance is requested. If the applicant is the child's mother, the referral is completed on each person believed to be the child's father.

NOTE: If the child's mother was married at the time the child was born, or 10 months prior to the time the child was born, a referral must be completed on the spouse, even if the mother indicates he is NOT the father of the child. If there is another alleged/potential father in the household, even if he is receiving TANF, a child support referral must be completed on him as well as on the spouse. This will allow CSED to accurately establish paternity.

If the applicant is not the child's parent, a referral must be made on BOTH the child's natural/adoptive mother and natural/adoptive father even if one or both are deceased.

NOTE: Only one set of 332's is required for an individual who is the parent of more than one child who is in the custody of a specified relative.

EXAMPLE: **Betsy's aunt Bonnie applies for TANF for Betsy's three children. Two of the children have the same father. Aunt Bonnie needs to complete one sent of 332's for Betsy and one for each of the absent fathers.**

- Once the HCS/CS-332 is completed, the Eligibility Case Manager transfers the information to TEAMS by selecting an existing absent parent on the Absent Parent Summary (ABPS) and updating the information, if appropriate; or indicating on ABPS the need to add a new absent parent and accessing the Absent Parent (ABP1-ABP3) screens.

- **NOTE:** If a child has a participation code of IN, DQ or TR and an adult/child indicator of C, N, F or T; TEAMS will require a deprivation code on DEPR. If a child has a deprivation code of DE, DV or SP, absent parent data must be collected and entered on the ABP 1-3 screens in order to pass eligibility requirements on TEAMS.

  If the eligibility requirements are passed and benefits are issued, TEAMS will send information to SEARCHS if the OPA Cooperation code on ABP1 is CO or GC.

- Updates or corrections to the Absent Parent Screens will be sent from TEAMS to SEARCHS as appropriate and the CSED worker will be alerted of the changes.

- The white copy of the HCS/CS-332 is submitted to the regional CSED office. If good cause has been established (TANF 306-2) the completed white copies are not sent to CSED, but must be retained in the case file, along with the signed HCS-333 "Notice of Requirement to Cooperate and Right to Claim Good Cause for Refusal to Cooperate in Child Support Enforcement" form. A TEAMS case note titled "CSED Good Cause Approval" must be entered as well.

- If the applicant is a pregnant woman in her last trimester with no other children receiving assistance, the hard copy HCS/CS-332 is NOT submitted to the CSED nor is data entered on the Absent Parent Screens until the child is born.

- **NOTE:** If the unborn child is the basis for the woman's eligibility (i.e., there are no other children) then the HCS/CS-332 needs to be completed at application, as a condition of eligibility. The HCS/CS-332 should be retained in the case file until the child is born.

  If the unborn is not the basis of eligibility (there are other children), the HCS/CS-332 does not need to be completed until the child is born.

EXAMPLES

1: Grandmother applies for TANF cash assistance. She is required to complete referrals on her grandchild's father AND mother. If she **fails or refuses** to do so for **either or both** parents without good cause, the application is denied. There is no TANF cash assistance eligibility for the grandchild alone.

2: A mother applies for TANF cash assistance. She has two children with different fathers. She **fails or refuses** without good cause to complete the HCS/CS-332 for child #1's father; all information is provided for child #2's father. The application must be denied because she has failed or refused to comply; she must be cooperating against all fathers of all her children.

3: A child's aunt makes application for TANF cash assistance for her nephew. She is required to complete the appropriate child support referral forms against her nephew's mother and father. She does not claim Good Cause. She states she does not know the required information. She must complete the HCS/CS-332 to the best of her ability. All available information is entered into TEAMS and the HCS/CS-332 is forwarded to CSED. A determination of eligibility is made on the case.

4: A 15 year-old teen parent lives with her aunt, who applies for TANF cash assistance on her behalf. The teen parent is required to complete child support referrals on each person she believes could be her child's father. If she fails or refuses to provide the required information without good cause, the application is denied.

The aunt must complete a Child Support Enforcement referral (HCS/CS-332) against both of the teen parent's parents as well.

5. A 17 year-old teen parent, living with her grandmother who is not included in the TANF household, receives TANF cash assistance. She is pregnant with her second child. She must complete Form HCS/CS-332 against each person she believes may be the unborn's father before the newborn could be added to the assistance unit. Referral should already be in place against the father of her other child. The newborn's HCS/CS-332 is not sent to CSED until the child is born.

The grandmother must complete a Child Support Enforcement referral (HCS/CS-332) against both of the teen parent's parents as well.

6. A mother applies for TANF cash assistance. She has two children with different fathers. She cannot provide all of the information required. She insists she has no further information to provide regarding the alleged father of child #1; all information is provided for child #2's father. All available information for both is entered into TEAMS and the HCS/CS-332's are forwarded to CSED. A determination of eligibility is made on the case. Document TEAMS Case Notes (CANO).

HCS/CS-332 NOT REQUIRED

A Child Support Enforcement Referral Form HCS/CS-332 is not required in the following circumstances:

1. Single parent adoption or other special circumstances. (Code 'SS' on DEPR);

2. Parental rights terminated by court action. (Code 'SS' on DEPR);

3. Child receives SSI;

NOTE: A referral is required for medical support if the adult is receiving MA/FM. Please see FMA 901-1 for the appropriate Medicaid policy.

4. A minor parent emancipated by court or marriage or approved to live independently by the Teen Living Independently Review Committee. HCS/CS 332's are not required against the teen's parents but are required against the father of her child;

5. The non-custodial parent is deceased **and** CSED has closed the case for this reason using a closure code of 1300 on the SEARCHS Case Information screen (CAS). (Copy of the CAS screen is on page 12.)

If the closure is confirmed, the DEPR code will be 'DE' and the OPA cooperation code on ABP1 will be 'EX'.

NOTE: If the closure is not confirmed (no closure code of 1300 on CAS screen), the DEPR code will be 'DE' but the OPA cooperation code on ABP1 must be 'CO'. This will allow the referral to transfer to SEARCHS for confirmation and regulatory action on their system. In this instance, the hard copy of the HCS/CS-332 must be sent to CSED.

SUPPRESSING INFORMATION

With respect to the domestic violence issue, it is important to communicate relevant information to CSED to enhance services to parents or caretaker relatives. For example, if the Eligibility Case Manager becomes aware of an incident of domestic violence that a parent or caretaker relative has or is currently experiencing from the non-custodial parent, he/she should immediately pass this information to the CSED via e-mail or hard copy memo. CSED will begin the steps to suppress the information. It is also important to share this policy with the individual to assure him/her the family's safety will be protected.
CSED will suppress the custodial parent's address information based on the following circumstances:

1. There is a restraining order in place against the non-custodial parent.

► 2. A Good Cause Claim (TANF 306-2) is approved as valid.

3. CSED receives a threat from a non-custodial parent conveying the intent to harm the custodial parent.

4. The custodial parent directly states or implies to CSED she/he fears physical or emotional harm from the non-custodial parent.

5. CSED receives information from the Eligibility Case Manager that indicate the possibility of domestic violence directed toward the parent or caretaker relative.

If the information is not suppressed, the address of the custodial parent will be included on legal notices sent to the non-custodial parent.

►TEAMS INFORMATION

Non-custodial parent(s) data and cooperation/good cause information (e.g., whether the parent or caretaker relative is cooperating with Child Support, is exempt from cooperating, or has good cause not to cooperate)
► is entered on the **ABP1, 2, and 3** screens, which are accessed via the **ABPS** screen.

► The ABPS screen is a summary of all absent parent information connected to the case on TEAMS. This summary information will assist when adding a new absent parent to a case to ensure that duplicate absent parents are not stored on TEAMS. ABPS will also be the avenue for accessing the ABP1-3 screens. (See TEAMS Training Website for more information on the specific screens.)

► Absent parent information will interface with the Child Support Enforcement Division via SEARCHS, CSED's automated system. The

automated interface will not occur if the child's deprivation code on DEPR is 'IC', 'UP' or 'SS'.

► **NOTE:** Even though deprivation is no longer a requirement for TANF eligibility, all children with a participation code of 'IN', 'DQ' or 'TR' and an adult/child indicator of C, N, F or T, are required to have a deprivation code entered on DEPR.

► **DEPR Codes:**
Effective with the benefit month of 12/06, the following is a list of valid deprivation codes on TEAMS:

DE Deceased
DV Divorced
SP Separated
IC Incapacitated
UP Underemployed
SS Single Parent/Special Circumstances

► **OPA Cooperation Codes:**
Effective with the benefit month of 12/06, the following is a list of valid OPA Cooperation codes on TEAMS:

CO Person is cooperating
EX Exempt
GC Good Cause has been substantiated
NC Person is not cooperating
PE Pending for completion of HCS/CS-332 or confirmation of Good Cause

TEAMS PROCESS FOR UNBORNS

Responsibility	ACTION
Eligibility Case Manager	1. As a condition of eligibility, obtain a complete HCS/CS-332 from the applicant if the unborn child is the basis for the woman's eligibility (i.e., there are no other children), If the unborn is not the basis of eligibility (there are other children), the HCS/CS-332 does not need to be completed until the unborn is born.
	2. On TEAMS:
	a. Enter a participation code of 'UB' for the unborn, on the SEPA screen.

► b. Enter the appropriate deprivation code on the DEPR screen.

► c. DO NOT enter data on the ABP1, 2, 3 screens at this time;

3. Set an alert on ETAL for the month of the expected birth.

4. Keep the hard copy of the completed HCS/CS-332 in the case file.

5. Upon notification of the child's birth:

► a. Request required verification and SSN application information.

b. On TEAMS, change the child's Part Code from 'UB' to 'IN' for the month following birth or report whichever is later.

c. If the unborn was not the basis of eligibility (there are other children) obtain a copy of the HCS/CS-332 on the newborn.

► d. Update the hard copy HCS/CS-332 and enter the non-custodial parent data on the TEAMS screens (ABP1-3, etc.).

e. Send the hard copy HCS/CS-332 to the CSED regional office (306-4) upon authorization of benefits.

FAILURE OR REFUSAL TO COOPERATE

At application, if a TANF cash assistance parent or caretaker relative fails or refuses to provide any required information (unless Child Support Good Cause is determined to exist), the application is denied.

NOTE: A claim of unknown is considered cooperation.

► In an ongoing case, if the parent or caretaker relative fails or refuses to comply, the eligibility case manager will receive an alert on ETAL indicating the parent or caretaker relative is not cooperating. As well, the CSED Cooperation code on ABP1 will be updated from 'CO' to 'NC' and benefits deauthorized for the following month.

► **NOTE:** If the deauthorization occurs and there is not time to give timely notice to the parent or caretaker relative, an authorized supervisor will need to change the CSED Cooperation code on ABP1 to 'OV' (override) which will allow TANF benefits to be authorized for the following month. An automatic TEAMS case note will be created, titled "OVERRIDE OF CSED NON-COOP CODE".

► The eligibility case manager must notify the parent or caretaker relative via TEAMS A606 notice that their case will be closed unless they comply with CSED or have good cause for non-compliance. If requested, the eligibility case manager will assist the individual with getting into cooperation with CSED.

If the parent or caretaker relative continues to fail or refuse to cooperate with CSED without good cause, close the case and send timely notice. Document action in TEAMS Case Notes (CANO).

If the parent or caretaker relative complies (CSED removed the non cooperation cite) prior to closure, assistance continues if the family is otherwise eligible.

If the individual complies after closure, the family must reapply.

The Eligibility Case Manager shall notify the child support investigator of the action taken via e-mail or hard copy memo.

NOTE: If, after closure of the case for non-compliance with CSED, the family reapplies within six (6) months, they must cooperate with CSED before benefits are issued.

If they reapply after the end of the sixth month, they will be considered by OPA to be in compliance by completing a new set of HCS/CS 332's for each absent parent.

COOPERATION PROCEDURE	ACTION
Caretaker Relative	1. Complete all items on Form HCS/CS-332 except those in the shaded areas marked "Agency Use Only."
Eligibility Case Manager:	2. Review the HCS/CS-332 for completeness. If the individual claims good cause, follow the procedure stated in Section 306-2. Complete "Agency Use Only" sections. If the individual insists he/she cannot provide any more information, enter all available information in TEAMS. Proceed to step 4.
►	3. Enter non-custodial parent and good cause data in TEAMS.
	4. Request that the caretaker relative provide certified/notarized copies (if available; if not available plain copies will suffice) of the following documents as appropriate:
	a. Marriage license, divorce decree, or separation order,

b. A signed acknowledgment of paternity if there is no marriage,

c. The child(ren)'s birth certificates,

d. The court order in IV-E Foster Care cases, if applicable, or

e. Proof of death if the non-custodial parent is deceased.

5. Immediately send the white copy with documents attached, to the regional child support enforcement office (TANF 306-4). Keep the yellow copy in the case file.

►CSED TRIBAL COURT

CSED cannot recommend non-cooperation when a parent or caretaker relative indicates they will not pursue a child support order through tribal court. If however, the parent or caretaker relative does not respond to the question from CSED of whether or not they intend to pursue the order through tribal court, they can be considered to be non-cooperative. In this instance, a non-cooperation code will be sent to TEAMS, resulting in an alert; deauthorization; and the CS Cooperation code being set to 'NC' on ABP1.

CONTINUATION OF ENFORCEMENT SERVICES

The Child Support Enforcement Division (CSED) is required to provide all enforcement services during the TANF cash assistance eligibility period. Once eligibility ends, the CSED will inform the former participant they may request these services to be discontinued.

Upon closure, former participants will receive "Notice From Child Support Enforcement Division" (a postcard) from the regional office informing the household that enforcement services will continue unless the notice is returned.

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SMSRCAS1                        CASE INFORMATION                    DATE 10/06/06
 USER CS1609   01          CASE NO 0000002 04  ACTV CPS 01           TIME 11:03
 MODE DISPLAY     WORKER CS8499   CATHERINE SMITH     PHONE 406 497-6606
                                                                          D V
 AP 01 GEORGES                BILL         J     ID 0000000104 SSN 608-10-9999
 CP 01 GEORGES                TERRY        R     ID 0000000106 SSN 517-04-9999

 STATUS  C  CLOSED         CCR STATUS CLOSED           ACTIVITY  ENF   06/07/05
 STS DATE   01/26/06         OPENED   02/10/04         LAST REVIEWED  .10/19/05
  APPL RECD                   CLOSED   01/26/06
 OPENED     02/10/04                                 INTERSTATE
 CLOSED     01/26/06                                     CSENET
                                                     L/S
  CLOSURE CODE   1300                                  SUPPRESS OFFSETS
  EVER ON TANF   Y                                              CREDIT BUREAU
            SUBCASE TYPE                                       BILLING
 X ASGN                 _ NON IV-D CCR                         AIW
 _ UNASGN               _ NON IV-D CC IW ONLY
 _ IV-E FC              _ NON IV-D DIRECT IW       SECONDARY IDENTIFIERS
 _ NON-IV-E FC                                       _ AP INITIATED
 _ MED SUPP ENF ONLY    _ REG 16 CONTRACT LOC        _ PARENTAL KDNPG
                                                     _ REG 16 LOCATE ONLY
 NEXT SCREEN ===> IST
SR900276 RECORDS SUCCESSFULLY MODIFIED
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Department of Public Health and Human Services	Section: NONFINANCIAL REQUIREMENT
TANF CASH ASSISTANCE	Subject: Child Support Good Cause Claim

Supersedes: TANF 306-2 (01/01/06)

References: 45 CFR 264.30, ARM 37.78.102 and .215

GENERAL RULE–An applicant or participant has the right to claim good cause as an exception to the child support enforcement requirement.

GOOD CAUSE NOTICE

Every applicant or participant receives written notice of the right to claim good cause (HCS-333, "Good Cause Notice", which is attached to Form HCS/CS-332, "Child Support Enforcement Referral"). This notice includes the specific circumstances under which a claim may be made and the respective responsibilities of the participant and the state agency in the procedures for filing, developing, acting upon, and appealing a claim.

The notice must be signed and dated by the individual and the Eligibility Case Manager. A copy is given to the participant and the original filed in the case record.

The applicant/participant may claim good cause if pursuit of child support may be "against the best interests of the child" and only if the applicant's or participant's cooperation to assist the State is reasonably anticipated to result in:

1. Physical or emotional harm to the child or caretaker relative; or

2. At least one of the following circumstances exists:

   a. The child for whom support is sought was conceived as a result of incest or forcible rape;

   b. Legal proceedings for the adoption of the child are pending before a court of competent jurisdiction; or

   c. The applicant or recipient is currently being assisted by a public or licensed private social services agency to resolve the issue of whether to keep the child or relinquish him/her for adoption, and the discussions have not gone on for more than three (3) months.

If the applicant/participant claims good cause, the application will be pended until the claim has been approved, denied or withdrawn. Pending status cannot exceed 30 days.

The good cause determination is based on the corroborative evidence provided by the participant. The participant must:

1. State the circumstances upon which the claim is based;

2. Provide corroborative evidence within 20 days from the day the claim was made; and

   NOTE: If additional time is required, the County Director or designee shall allow a reasonable additional period of time.

3. Upon request, provide additional corroborative evidence.

   NOTE: If additional evidence is necessary, the Eligibility Case Manager must promptly notify the applicant or participant that additional evidence is required, specifying the type of document needed and how to obtain it.

PROOF OF GOOD CAUSE

A good cause claim may be corroborated with the following types of evidence:

1. Birth certificates or medical or law enforcement records that indicate that the child was conceived as the result of incest or forcible rape;

2. Court documents or other records which indicate that legal proceedings for adoption are pending before a court of competent jurisdiction;

3. Court, medical, criminal, child protective services, social services, psychological, or law enforcement records that indicate that the putative (assumed to be such) father or non-custodial parent might inflict physical or emotional harm on the child or caretaker relative;

4. Medical records which indicate emotional health history and present emotional health status of the caretaker relative or the child;

5. Written statements from a mental health professional indicating a diagnosis or prognosis concerning the emotional health of the caretaker relative or the child;

6. A written statement from a public or licensed private social agency indicating that the applicant or participant is being assisted by the

agency to resolve the issue of whether to keep the child or relinquish him for adoption; or

7. Sworn statements from individuals, other than the applicant or participant, with knowledge of the circumstances that provide the basis for the good cause claim.

DETERMINING GOOD CAUSE

The County Director or designee will determine that pursuing cooperation may be "against the best interests of the child" based on the evidence provided by the applicant or participant. The determination will be made within thirty (30) days from the day the claim is made. This time period may be extended only when the agency documents a need for additional time because information cannot be obtained within the time period, or the claimant cannot provide evidence within this time period. Confidentiality must be protected at all times during an investigation.

The following guidelines are provided to assist the County Director or designee in the determination process:

A finding of good cause for reasonably anticipated physical or emotional harm to the caretaker relative must be of such nature or degree that it reduces the relative's capacity to adequately care for the child. Consideration will be given to the following:

a. The present emotional state of the individual subject to emotional harm;

b. The emotional health history of the individual;

c. Intensity and probable duration of the emotional impairment;

d. The degree of cooperation required; and

e. The extent of the involvement of the child in the pursuit of support.

In addition to making the good cause determination, the County Director or designee must investigate a good cause claim when:

1. The claim is based on the anticipation of physical harm and the county director/designee believes the claim is credible without supporting evidence and such evidence is not available; or

2. The individual's statement together with the supporting evidence, does not provide a sufficient basis for making a determination.

In conducting an investigation, it may become necessary to contact the non-custodial parent. In that case, notify the applicant/participant prior to making the contact. Give the applicant/participant the opportunity to present additional evidence or information, to withdraw the application, or request case closure thus making the contact with the non-custodial parent unnecessary.

►GOOD CAUSE DECISION

The final determination that good cause does or does not exist will:

1. Be documented in writing;

2. Contain the County Director's/designee's findings and basis for the decision; and

3. Be entered into the case record.

If the good cause claim is denied:

1. Notify the applicant/recipient of the decision. The applicant/ recipient must be given the opportunity to agree to cooperate and complete the CSED referral process, withdraw the application, or request case closure;

2. Inform the applicant/recipient that failure to cooperate as requested by CSED will result in his/her needs not being included in the medical coverage; and

3. Immediately file the HCS/CS-332 with CSED.

If the good cause claim is approved:

1. Notify the applicant or recipient of the decision;

► 2. **Do not send the HCS/CS-332's to CSED. Retain in the case file; and**

► 3. Complete the TEAMS Absent Parent (ABP) screens. **Enter an OPA cooperation code of 'GC' on ABP1.**

► **NOTE:** The entry of a 'GC' code will trigger a referral to SEARCHS. This electronic referral is necessary for CSED to meet their federal regulations. However, the referral will be flagged on the CSED side and child support will not be pursued.

PERIODIC REVIEW OF GOOD CAUSE

Cases, in which the good cause determination is based on circumstances which may change, must be reviewed no less than every six (6) months.

If it is determined that good cause no longer exists, the Eligibility Case Manager will state the findings and require the participant to cooperate as stated in this section. The completed HCS-332 will be sent to CSED.

SUPPRESSING INFORMATION

Under certain circumstances the CSED (Child Support Enforcement Division) will **suppress address information** of the custodial parent (Section 306-1). If the information is not suppressed, the address of the custodial parent will be included on legal notices sent to the non-custodial parent. It is critical to discuss this policy with the custodial caretaker relative to assure the family's safety will be protected. (Section 306-1)

► **NOTE:** Entry of a Good Cause ('GC') code on ABP1 will trigger CSED to suppress address information.

TEAMS PROCESSING

Non-custodial parent(s) data, cooperation/good cause information (whether the applicant or participant is cooperating with Child Support, is exempt from cooperating, or has good cause not to cooperate) is entered

► on the **ABP** screens. This information will interface with the Child Support Enforcement Division via SEARCHS, CSED's automated system.

► See Section 306-1 for more information regarding the interface between TEAMS and SEARCHS.

► More information regarding the TEAMS screens is contained in the TEAMS User Guide on the TEAMS Training Website.

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Department of Public Health and Human Services	Section: NONFINANCIAL REQUIREMENTS
TANF CASH ASSISTANCE	Subject: Child Support Payments and Collections

Supersedes: TANF 306-3 (07/01/03)

➤References: 45 CFR 264.30, ARM 37.78.102 and .215; House Bill 529 (2005 Legislature)

GENERAL RULE–Child Support payments collected by the Child Support Enforcement Division (CSED) or paid directly to the applicant or participant must be evaluated for their impact on program eligibility and/or grant amount.

PAYMENTS TO APPLICANTS

Child support paid to and received by the applicant in the month of and prior to authorization of benefits and/or the first payment, is counted as unearned income in its entirety for purposes of determining eligibility and/or grant. See TANF 501-1.

➤CHILD SUPPORT SUPPLEMENT PAYMENTS

House Bill 529 provides that a child support supplement payment will be issued to TANF families, using TANF block grant funds. The amount is based on **current** child support collected from a non-custodial parent, This payment will be an amount equal to the amount of current child support collected, **up to but not exceeding, $100.00 per month per TANF household.** The Eligibility Case Manager is not required to take any action on TEAMS for TANF or Medicaid. **(See Section 704-3)**

PAYMENTS TO PARTICIPANTS FROM NON-CUSTODIAL PARENT

If the participant receives a child support payment from the non-custodial parent after the authorization of benefits, these payments must be turned over to the State. This is to offset the cash grant paid by the State. The payment may be submitted to the local OPA. The local OPA must follow the division cash management policy and send the payment to:

ATTN TAPP, CSED
P O Box 5955
Helena, MT 59620

➤ If the payment is turned over, it is not counted in the determination of eligibility or grant. However, if the participant keeps the child support payments after benefits are authorized, the **Eligibility Case Manager establishes an overpayment** for the entire amount of the child support kept by the participant. A referral is made to Claims and Recovery for an evaluation for an Intentional Program Violation (IPV). Case note circumstances in CASE NOTES (CANO).

IN EXCESS PAYMENTS

The child support amount collected by CSED for current monthly support which is greater than the grant amount for that month is considered an "in excess" payment.

This "in excess" payment is retained by the State when the State has not been reimbursed for past cash assistance. Child support due and owing is called arrears. If there are arrears owing, the State keeps the "in excess" of the current payment to reduce the amount of debt owing.

When the State has been reimbursed for past cash assistance, the excess would be returned to the non-custodial parent. The reason is CSED is limited to collecting the court ordered support or the amount of public assistance paid, whichever is less.

▸CHSS SCREEN

Child support payment history appears on the CHSS (CHild Support Summary) screen. **To determine what payments the non-custodial parent is making, the Eligibility Case Manager should review this screen. CHSS needs to be reviewed at application, FIA/EP renewal, redetermination and when circumstances change that may affect the amount of child support paid on behalf of the children. (Example, CSED reevaluates income and increases child support obligation).**

When the collections are regular and closely match the amount of the TANF cash assistance payment, this should be discussed with the participant. When the amount of collected support exceeds the amount of the TANF cash assistance payment for 3 consecutive months, the case should be closed unless the payments are not expected to continue.

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"IN EXCESS" PROCEDURE

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	ACTION
Eligibility Case Manager	1. Inquire on the CHSS screen and evaluate child support payment history. If history indicates consistency in amount and timeliness of payments, prospectively enter the full child support payment on UNIN.
	2. Enter all other pertinent information to determine continued eligibility.
	3. If the assistance unit passes eligibility, discuss this with the participant. If the participant wants to continue receiving TANF cash assistance, remove the child support payment from UNIN. The payment must be removed because the family doesn't receive it; CSED does. Authorize benefits.

4. If the unit fails eligibility, close the case. Send timely notice. CSED is notified of closure via SEARCHS/TEAMS interface and will direct future child support payments to the family.

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CHSS CHILD SUPPORT SUMMARY 01/28/03 09:50:51
LISA B

TEAMS CASE NO: 123456 TEAMS CASE NAME: JONES, MOM
SEARCHS CASE WKR NAME: PHILLIPS CHERI SEARCHS REG: 05
SEARCHS OFFICE: 1610 SOUTH 3RD WEST, STE 201 MISSOULA MT 598010000
SEARCHS TELEPHONE NO: 4063297910

BENEFIT MONTH	AFDC BENEFIT AMOUNT	SUPPORT ORDERED	AMOUNT PAID	IN EXCESS AMOUNT
01/03	507.00	584.50	429.26	
12/02	507.00	584.50	562.26	
11/02	507.00	584.50	584.50	
10/02	507.00	584.50	562.26	
09/02	507.00	584.50	562.26	
08/02	507.00	584.50	523.69	
07/02	507.00	584.50	562.26	
06/02	494.00	584.50	584.50	

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Department of Public Health and Human Services	**SECTION:** NONFINANCIAL REQUIREMENTS
TANF CASH ASSISTANCE	**SUBJECT:** Child Support Enforcement Regional Offices/Liaisons

Supersedes: FAIM 306-4 (8/01/99)

REGIONAL OFFICES	ADDRESS	TELEPHONE
Billings	111 N 31st Street Billings, Montana 59101	254-7904 FAX: 656-1052
	Liaison: Dana Dodge	254-7904
Great Falls	201 2nd St South, Ste A PO Box 1546 Great Falls, Montana 59405	454-5693 FAX: 454-5697
	Liaison: Katie Harris	454-5693 CELL: 788-9456
Kalispell	2282 Hwy 93 S PO Box 1096 Kalispell, Montana 59901	751-5974 FAX: 751-5929
	Liaison: Les Price	751-5974 CELL: 250-1626
Missoula	2677 Palmer, Ste 100 Missoula, Montana 59801	329-1267 FAX: 721-4527
	Liaison: Gary Palmer	329-1267 CELL: 544-4229
Sidney	221 5th St SW Sidney, Montana 59270	433-6929 or 433-2282 FAX: 433-2015
	Liaison: Donna Lemieux	443-6929 or 433-2282 CELL: 689-5656

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Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: NONFINANCIAL REQUIREMENTS Subject: Third Party Liability/Health Insurance Premium Payment System (TPL/HIPPS)

Supersedes: TANF307-1 (07/01/02)

References: ARM 37.78.102 and .206

GENERAL RULE-- **As a condition of eligibility** for TANF cash assistance, all filing units must cooperate with the Third Party Liability (TPL) Unit for both TPL and the Health Insurance Premium Payment System (HIPPS).

DEFINITIONS

Third Party Liability **(TPL)**: The legal liability of a third party to pay for services provided. Third party means any individual, entity or program that is or may be liable to pay all or part of the expenditures for medical assistance.

One aspect of TPL is the Trauma Questionnaire. When the TPL Unit sends a questionnaire regarding a specific injury to a Medicaid household, the caretaker relative must complete the questionnaire and return it to the TPL Unit within the specified timeframe. If the questionnaire is not received within the timeframe, and the TPL Unit notifies the county OPA, the household will lose TANF cash assistance eligibility until such time as the TPL Unit receives the completed questionnaire.

Health Insurance Premium Payment System **(HIPPS):** Payment of cost-effective individual or group health plan premiums as a Medicaid benefit.

➤ Medicaid will pay the group plan premiums or reimburse the recipient when the TPL Unit determines it is a cost-effective plan. When an ineligible family member must be enrolled in the group health plan to obtain coverage for the Medicaid eligible member (e.g., parent must be enrolled in order to enroll the child), Medicaid may also pay premiums for the ineligible family member.

➤ **NOTE: Maintaining cost effective health insurance is a basic eligibility requirement for TANF**. If group health insurance was determined to be cost-effective and the individual either dropped the coverage or failed to enroll, the TANF case will be closed until:

1. **they are eligible to enroll and**

2. they complete the enrollment process for group coverage, during the next enrollment period.

➤ **If COBRA coverage was determined to be cost-effective** and the individual either dropped COBRA or did not enroll (usually within a 60 day period), the TANF case will remain closed until the last day of the month in which the 60th day falls.

➤ If the recipient's private individual health plan is determined to be cost effective, and the recipient drops the insurance, discuss the specific circumstances and the action to be taken with your Regional Policy Specialist on a case-by-case basis.

NOTE: Pregnant women may enroll in health plans without pregnancy being considered a pre-existing condition.

For more information on TPL see FMA-307-1.

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Department of Public Health and Human Services	Section: RESOURCES
TANF CASH ASSISTANCE	Subject: Overview

Supersedes: TANF 400 (01/01/03)

References: ARM 37.78.102 and .401

GENERAL RULE--The filing unit's financial eligibility is determined by prospectively evaluating the resources of each member.

Determining financial eligibility means that an investigation of the household's current and future circumstances occurs. The results, a "best estimate," based on the household's reasonable expectations and knowledge, accurately reflect all facts and remain an accurate reflection of the likely situation throughout the eligibility period.

The "best estimate" involves a projection and evaluation of the household's resources. The projection of resources is then compared to the resource limitation. These estimates become the basis for eligibility for every ensuing benefit month until it is time to re-estimate (redetermine) or until a change in the household's circumstances occurs.

Any resources owned by the filing unit must be evaluated for accessibility, value, and exclusion status when making eligibility determinations.

➤ Countable resources cannot exceed $3,000, regardless of family size.

TEAMS CODING

All resources, even if they are excluded per policy, must be entered on the appropriate TEAMS screen (FIAC, LIAS, OTAS, or VEHI). Enter all resource data for each filing unit member using the appropriate Type Codes (refer to TEAMS On-Line Help - F1). Some Type Codes are program specific and resource data may have to be entered more than once with different Type Codes for TEAMS to count it appropriately for each program in the case.

Financial account data such as checking and savings, individual retirement accounts, Keogh account, etc., is entered on the FIAC (FInancial ACcounts) screen; liquid asset data such as cash-on-hand, stocks, bonds, etc., is entered on the LIAS (LIquid ASset) screen; other asset data such as life insurance, contract for deed, etc., is entered on the OTAS (OTher ASset) screen; and vehicle data is entered on the VEHI (VEHIcle) screen, with some exceptions.

If any changes are made to the financial screens, eligibility must be redetermined by entering through the EXRA, EXRF, EXRM, MARD,

QMRD and/or SLRD screens as appropriate. If benefits have been authorized for the Benefit Month, any change will deauthorize the benefits.

TEAMS will process the data, ensuring that all resource eligibility is determined. The results are displayed on the EXRA, EXRF, EXRM, MARD, QMRD and/or SLRD screens.

DATE OF RESOURCE ELIGIBILITY

Resources are considered accessible either when available or when the individual has a legal interest in the liquidated sum and has the legal ability to make such sum available.

Eligibility is determined on the basis of the countable resources as of the application date and the first moment of the first day of each subsequent month for which assistance is being determined.

NON-LIQUID RESOURCES

Non-liquid resources are resources that cannot reasonably be immediately converted into cash. The term may be applied to any resource. A resource which has been determined to be non-liquid for any reason is not considered inaccessible or excluded simply because the value of the asset cannot be accessed in the benefit month.

RESOURCES OF DISQUALIFIED/ INELIGIBLE MEMBER

The resources of a required filing unit member receiving Supplemental Security Income (SSI) are not counted in determining eligibility for the other required filing unit members. The SSI recipient cannot be a member of the assistance unit (does not receive benefits - code 'OU' or 'SC', as appropriate).

The resources of a disqualified required filing unit member (coded 'DQ' on SEPA) are counted in full in determining eligibility for the remaining filing/assistance unit members. The resources of an alien's sponsor must be deemed. See 'Deeming', Section 604-1.

CURRENT MONTH'S INCOME

Income received in the current month is not counted as a resource. Therefore, if the income is deposited into a bank account, it is excluded as a resource in the current month, but countable in any future months.

CHANGES IN RESOURCES/ MONTH OF APPLICATION

Any changes in resources that occur and are reported **after** the date of application, but prior to the application being approved or denied, should be evaluated to determine if:

1. An increase in resources is the result of countable income in the month (thus, not a countable resource)

2. A decrease in resources results in a finding of eligibility for a month if the household appeared to exceed the resource limit.

NOTE: If resource changes have occurred after the application date, but prior to any action on the application, the applicant can request in writing to have the start date changed.

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Department of Public Health and Human Services	Section: RESOURCES
TANF CASH ASSISTANCE	Subject: Alpha Index

Supersedes: TANF 400-1 (01/01/03)

Resource Type	Manual Section	Comments
Accessibility, Disputed	401-1, pg 2	
Accessibility; Resources	401-1, pg 2	
Accessibility; Trust Fund	402-3, pgs 2-3	
Accessibility; Vehicles	403-1, pg 1-2	
Agent Orange	402-1, pg 14	See Settlements and Restitution Payments, pg 14
Aleuts	402-1, pg 14	See Settlements and Restitution Payments, pg 14
Alien's Sponsor's Resources	402-1, pg 1	
Annuities	402-1, pg 1-2	
Basic Maintenance Items	402-1, pg 2	
Beneficiary; Trust Fund Definition	402-3, pg 1	
Bonds	402-1, pg 2	
Burial Account/Policy	402-1, pg 2	See Burial Exclusions
Burial Exclusions	402-1, pg 2	
Burial Space/Plot	402-1, pg 2	
Business Asset Development Account	402-1, pg 3	
Business Checking Account	402-1, pg 3	
Business/Farm Equipment	402-1, pg 12	See "Property/Equipment Necessary for Employment" pg 12-13. See also "Income Producing Property" pg 6.
Camper	402-1, pg 3	See also "Vehicles", 403-1
Cash on Hand	402-1, pg 3	
Certificate of Deposit (CD)	402-1, pg 3	
Changes in Resources - Month of Application	400, pg 3	

Resource Type	Manual Section	Comments
Child Tax Credit	402-1, pg 4	
Collateral, Resources used as	402-1, pg 13	See "Resources used as Collateral"
Commingling - Excluded & Non-Excluded Funds	401-1, pg 4	
Contract for Deed	402-1, pg 4	
Countable Resources; Native American	402-2, pg 1	
Countable Vehicles	403-1, pg 5	
Credit Union Accounts	402-1, pg 4	
Crime Victim Compensation Act	402-1, pg 4	
CRP Land	402-1, pg 7	See "Land in CRP"
Current Month's Income	400, pg 3	
Date of Resource Eligibility	400, pg 2	
Deductions from Military Pay	402-1, pg 4	
Determining Accessibility; Vehicles	403-1, pg 1-2	
Determining Equity Value; Vehicles	403-1, pg 3-4	
Disaster/Emergency Assistance	402-1, pg 4-5	
Disputed Accessibility	401-1, pg 2	
Disqualified/Ineligible Member's Resources	400, pg 2	
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Department of Public Health and Human Services	SECTION: RESOURCES
TANF CASH ASSISTANCE	SUBJECT: Ownership/Accessibility/Equity Value

Supersedes: TANF 401-1, 11/01/01

References: ARM 37.78.102, .401

GENERAL RULE--A resource is real or personal property which has economic value. Resources can include, but are not limited to cash, savings, investments, house, land, vehicles, etc. The filing unit's resources are evaluated for ownership, accessibility, and equity value. All resources are countable unless specifically excluded by regulation.

➤LIQUID AND NON-LIQUID RESOURCES

Liquid resources are cash and other resources which can be readily converted to cash.

Non-liquid resources are resources which cannot reasonably be immediately converted into cash. The term may be applied to any type of resource.

A resource which has been determined to be non-liquid for any reason is not considered inaccessible or excluded simply because the value of the asset cannot be accessed in the benefit month.

➤PROPERTY OWNERSHIP & EXCLUSIONS

Property held in trust or owned by a corporation is not owned by the filing/assistance unit. No exclusions (i.e., income producing, home and surrounding property, vehicle with highest equity value, etc.) listed in sections TANF 402-1 and 403-1 can be applied to either trust or corporate property, regardless of whether or not any filing/assistance unit member is a trust beneficiary or corporate shareholder. See TANF 402-3 – Trust Funds.

OWNERSHIP

Ownership of a resource is determined by the:

1. Name(s) on the account, title, deed, contract, etc.,

2. Source of the funds in the account,

3. Purpose for which the account/investment was opened, and

4. Activity of the account/investment.

If the title, deed, contract, account, etc., has only one name listed, the resource belongs to that individual. If more than one name is listed, it is considered a jointly-owned resource. Once determined as jointly-owned, the resource's accessibility must be evaluated.

JOINTLY-OWNED RESOURCES

Resources owned jointly with someone outside the household must be evaluated to determine accessibility to the household.

NOTE: Always code joint resources owned with someone outside the home or with a filing unit member whose participation code is "DP" against the "IN" participant. This assures the resources are counted correctly.

Consider 100% of the resource as available to the household, **unless** the:

1. Household can demonstrate it only has access to a portion of the resources; (count the value of the portion that is available to the household); or

2. Resource cannot be practically subdivided and the household's access to the resource is dependent on the agreement of a joint owner who refuses to comply.

For jointly-owned vehicles, see TANF 403-1.

ACCESSIBILITY

Resources other than vehicles are considered accessible when:

1. The applicant/participant has possession of the resource as the owner or joint-owner, or

2. The individual has a legal interest in the resource and has the legal ability to make the value of the resource available.

DISPUTED ACCESSIBILITY

If the resource is jointly-owned or the individual rebuts ownership and/or accessibility, an investigation of accessibility must occur. Verification of ownership and/or accessibility is required. The verification shall be bank statements, agreements, deeds, titles, or other collateral statements. The applicant's/participant's statement alone is not sufficient verification. Document the circumstances and the action taken on TEAMS Case Notes (CANO).

INACCESSIBLE RESOURCES

When legal action has been imposed preventing access to the resource or the joint-owner refuses to dispose of the resource, the resource is considered inaccessible to the applicant/ participant.

EXAMPLES - Accessible/Inaccessible Resources:

1. Beth has access to her mother's savings account; both names appear on the account title (jointly-owned). Her mother does not live with her. Beth claims she has never deposited any of her own money in the account nor has she used the monies for her own benefit. Collateral evidence (bank statements, etc.) substantiates her claim.

   ACTION: Consider the account inaccessible. Enter the account information on the LIAS screen with the Type Code: 'IA'. Document TEAMS Case Notes (CANO). Set an alert on ETAL to review the account's activity in three (3) months.

2. Mary owns a house with her estranged husband (jointly-owned resource; both names on the deed). She is not living in the house; he is.

   ACTION: Determine if legal separation or divorce proceedings have been initiated. If not, the house is a countable resource and its value is accessible to Mary. (OTAS 'OA', 'OF', etc.). If legal proceedings have begun, consider the house as an inaccessible resource to Mary. (OTAS Type Code: 'IA'). Set an alert on ETAL to ask for final decree. Re-evaluate accessibility based on the divorce/separation decree.

NOTE: If no legal proceedings have begun, a written statement from her spouse can also be used to determine if the resource is inaccessible.

3. Sandy owns land (real property) with her brother. She does not live on the land.

   ACTION: The value of the land is accessible. Enter information on OTAS with Type Code 'RE'.

   If Sandy's brother provides a written statement that he is unwilling to sell, the land is considered inaccessible to Sandy. Enter the information on OTAS with Type Code: 'IA'.

EQUITY VALUE

To determine equity value, subtract the amount owed from the fair market value. Only the equity value of an accessible resource is counted toward the resource limitation, and this is the amount entered on TEAMS. The full value is only entered when all liens or debts against the resource have been paid in full.

TREATMENT OF EXCLUDED RESOURCES

Excluded funds kept in a separate account retain the resource exclusion as long as they remain in a separate account.

COMMINGLING OF EXCLUDED & NON-EXCLUDED FUNDS

If excluded and non-excluded resources are commingled (mixed) in the same account, the specific sources of the funds must be identified in order to determine if the excluded funds continue to be excluded once commingled. If excluded funds may continue to be excluded, there must be clear records (either of the financial institution or owner) identifying and tracing the different sources. If excluded funds continue to be excluded, consider any withdrawals from the account to be from the non-excluded funds first, and from the excluded funds only after the non-excluded funds have been exhausted.

FUNDS PRORATED AS INCOME

Funds which have been prorated as income retain their resource exclusion for the period of time they have been prorated as income (even if the funds have been commingled). A TEAMS alert (ETAL) should be set.

EXAMPLE: Farmer sells his crops in August for $12,000. The proceeds are intended to support his family for a year. Prorate the $12,000 as income, $1,000 per month. The $12,000 (even if commingled) is excluded as a resource for the one year period.

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Department of Public Health and Human Services	Section: RESOURCES
TANF CASH ASSISTANCE	Subject: Countable & Excluded Resources

Supersedes: TANF 402-1, (7/01/03)

References: ARM 37.78.102 and .401

GENERAL RULE--The equity value of all resources (real and personal property) owned by the filing/assistance unit are countable unless specifically excluded by regulation. Certain resources may be excluded if found to be inaccessible.

The filing/assistance unit does not own property held in trust or owned by a corporation. No exclusions listed in the section can be applied to either trust or corporate property, regardless of whether or not any member of the filing/assistance unit is a trust beneficiary or corporate shareholder. See TANF 402-3 - Trust Funds.

ALIEN'S SPONSOR'S RESOURCES

The income and resources of the alien's sponsor and sponsor's spouse are deemed to be available (OTAS Code: 'AS') to the sponsored alien (refugees do not have sponsors) until such time as the alien:

1. Achieves U.S. citizenship through naturalization, or
2. Has worked 40 qualifying quarters.

NOTE: If the case is open to multiple programs and the deemed amount is different for each program the 'OM', 'OA', 'OF' codes will need to be used instead of 'AS'. See TANF 604-1 for more information about deeming.

ANNUITIES

Annuities are contracts or agreements, which in exchange for lump sum payments, provide for the payment of annuitized income at regular intervals (i.e., monthly, quarterly, annually, etc.) Code in TEAMS using the appropriate resource code based on the source of the annuity.

If payments are being made from the annuity, the annuity itself is excluded as a resource, but the payments may be countable unearned income. See 'Annuity Payments' in TANF 501-1.

If no payments are being made, the annuity will need to be evaluated to determine if it is accessible. It may be necessary to establish the source of the annuity (i.e., contract for deed, lawsuit settlement, mineral rights, etc.) in order to determine whether or not it is a countable resource.

NOTE: If the individual is not legally prohibited from receiving annuity payments, they must avail themselves of these payments as a condition of eligibility.

BASIC MAINTENANCE ITEMS

Known as household goods and personal effects; these are items essential to day-to-day living such as clothes, jewelry, furniture and other similar items of value including a home computer or satellite TV dish. Excluded. (OTAS: 'OX').

BONDS

Bonds including United States savings bonds and Treasury bills, notes and bonds are countable. (LIAS Code: 'BO').

To determine the value of government bonds, contact a securities dealer. If cashable, value can be provided. If not cashable, set ETAL for 30 days prior to maturity date.

NOTE: If the bonds are physically held by a joint owner who refuses to surrender possession of the bonds to the individual, the bonds are excluded as inaccessible because the bonds must be presented in order to cash them in.

BURIAL EXCLUSIONS

Burial accounts (bona fide funeral agreements), which exceed $1,500 equity value per individual are countable in full, unless the agreement is irrevocable. (OTAS Code: 'BA').

A funeral agreement is irrevocable if:

1. It is signed by both the participant and the funeral home representative.
2. The price of all major services is specified.
3. The total dollar amount of the agreement is specified.
4. The participant was neither a minor nor legally declared incompetent when the agreement was signed.
5. The funeral home representative indicates in writing that the money is not refundable under any circumstances.

NOTE: Funeral agreements that are inaccessible to the household or irrevocable are excluded from resources. (OTAS code: 'BE')

BURIAL SPACE/PLOT

Exclude the value of one burial space for each filing unit member (OTAS code: 'BE')

BUSINESS ASSET DEVELOPMENT ACCOUNT (BADA)

Excluded. (FIAC Code: 'OX'). The account must be restricted as follows:

1. Established in the name of the individual and Capital Opportunities or other lending agency;
2. Used for business development such as purchase of assets, operation, maintenance, etc.;
3. Funds disbursed by direct vendor payments; and
4. If the business fails, any funds disbursed to the individual must be counted as a resource in the month received and any other assets counted according to current policy.

BUSINESS CHECKING ACCOUNT

Self-Employment funds that have been prorated as income retain their exclusion for the time they have been prorated as income (even if the funds have been commingled). Enter the prorated self-employment income on FIAC, code 'BC'. Other funds in the account may be countable, see sections 503-1 'Self-Employment' and 401-1 'Treatment of Excluded Resources', 'Commingling' and 'Funds Prorated as Income' for more information.

NOTE: TEAMS code 'BC' totally excludes the business checking account for all programs. Use this code only for the portion of the funds that have been prorated as self-employment income.

EXAMPLE Farmer sells his crops in August for $12,000. The money from the sale is intended to support his family for a year. The $12,000 is pro-rated as income, $1,000 per month. The $12,000 (even if put in a bank account with other funds) is excluded as a resource for the one year period.

NOTE: If funds have not been prorated as income, see 'Property/Equipment Necessary for Employment'.

CAMPER

Campers which were not manufactured with the intent of providing transportation; camper trailer, pick-up topper etc., are countable (OTAS code 'CP'), unless otherwise excluded.

CASH ON HAND

Countable, unless it represents income received during the month, then it is excluded. (LIAS Code: 'CA').

CERTIFICATE OF DEPOSIT (CD)

Countable. (LIAS Code: 'CD'). The value of a certificate of deposit is the net amount that could be received after penalties for early withdrawal, if applicable.

NOTE: If the CD was purchased with funds prorated as self-employment income it would be excluded as long as it is a short-term CD that expires before the end of the period over which the self-employment income was prorated.

CHILD TAX CREDIT

An additional child tax credit is a refundable tax credit that families may be eligible to receive. Any refund received as a result of taking the additional child tax credit is excluded as a resource in the month of receipt and the month following.

CONTRACT FOR DEED

The value of a contract for deed is an excluded resource if the written terms of the contract include at least annual payments and the terms of the contract are being met.

If the written terms of the contract for deed are not being met, the applicant is required to exhaust all available legal recourse to enforce the terms of the contract in order to be found eligible for TANF cash assistance.

If the written terms of the contract for deed do not include provisions for at least annual payments, the unpaid balance of the contract or highest purchase offer from a knowledgeable source will be considered an available resource, unless the terms of the contract prohibit sale.

Refer to TANF 501-1 for information regarding how contract for deed income is counted.

CREDIT UNION ACCOUNTS

Countable, unless otherwise excluded (i.e., account contains self-employment income that has already been prorated as income). (FIAC Type Code: 'CU') If the household wants to have their TANF check direct deposited into the account, code it 'SV' if it is a savings account or 'PC' if it is a checking account.

CRIME VICTIM COMPENSATION

Crime Victim Compensation Act payments (P.L. 103-322) are excluded. (LIAS Type code: 'OX').

DEDUCTIONS FROM MILITARY PAY

Mandatory deductions from military pay for educational purposes (to fund the GI Education Fund) while the recipient is enlisted are excluded. (P.L. 99-576) (LIAS code: 'OX')

DISASTER & EMERGENCY ASSISTANCE

Funds issued as a result of a Presidentially declared disaster (P.L. 100-707) or a result of a major disaster or emergency as per the Disaster Relief and Emergency Assistance Amendments of 1988 are excluded. (LIAS code: 'OX') See also 'Fire or Casualty Insurance Proceeds' in this section.

Exclude any governmental disaster payments designated for restoration of a home damaged in a disaster if the household is subject to legal sanction if funds are not used as intended. This includes some, but not all, Federal Emergency Management Agency (FEMA) payments.

EARNED INCOME TAX CREDIT (EITC)

Received either as an advance payment or as a refund, is excluded as a resource in the month received and the month following receipt. (LIAS Code: 'OX').

EDUCATIONAL INCOME

All educational income is excluded as a resource, including Title IV, BIA, VA, Work Study for post-secondary education is excluded. (LIAS Code: 'OX'). The individual must be enrolled in school and attending classes to be considered a student. Eligibility Case Manager should verify this and document TEAMS case notes. See 401-1, 'Commingling'.

FAMILY SELF-SUFFICIENCY ESCROW ACCTS

Funds that are held in an escrow account during the household's participation in a HUD (Department of Housing and Urban Development) Family Self-Sufficiency Program are excluded. (FIAC code: 'OX')

When the household is given the funds, the money is excluded from income as a non-recurring lump sum payment.

FEDERAL, STATE or LOCAL ENERGY ASSISTANCE PAYMENTS

Energy assistance payments, such as LIEAP, which have been approved by Food and Nutrition Services (FNS) are excluded per Federal Statute. (LIAS code: 'OX').

FIRE or CASUALTY INSURANCE PROCEEDS

Cash benefits received as proceeds of fire or casualty insurance claims to make repairs to or dispose of damaged property are treated as follows:

The settlement is only excluded when used within three months of receipt. The funds must be signed over to the person or company who will do the repairs or otherwise disposed of within this period of time. Set a TEAMS alert (ETAL) to verify funds have been used/signed over. Proceeds not used within 3 months of receipt are countable. (LIAS Code: 'OA') See also 'Disaster and Emergency Assistance' in this section.

HOME AND SURROUNDING PROPERTY/LOT

Home and surrounding property which is not separated from the home by intervening property owned by others is excluded. (OTAS code: 'HM'). Public rights of way, such as roads that run through the surrounding property, will not affect the exclusion of the property.

One vehicle used as a home may be excluded. (OTAS code: 'HM'). Document CANO.

Only the home that is the filing/ assistance unit's usual residence excluded. (OTAS Code: 'HM').

A home may continue to be the assistance unit's usual residence, even though they may be temporarily absent from it, as long as they plan to return to it. Examples include students, migrant workers and those away for medical treatment or in a nursing home. A home will also be excluded as the usual residence if it is newly purchased and the applicant/recipient has not yet moved in (i.e., newly purchased mobile home that must be set up prior to them moving in).

INCOME PRODUCING PROPERTY

For property used in a trade or business (i.e., farming), see 'Property/ Equipment necessary for Self-Employment.'

Income producing property is only excluded if the property is necessary for self-employment. For rental property to be excluded, the individual must be in the business of renting property. For example, an individual has a house they rent while they live in another. This property is a countable resource unless the individual is "in the business" of renting. See section 503-1 for more information on self-employment. The property is **not** excluded solely on the basis that it is being rented. Non self-employment income producing property is countable. See also 'Real Property' later in this section.

INDIVIDUAL DEVELOPMENT ACCOUNT (IDA)

IDAs may be established by or on behalf of an individual eligible for TANF assistance. IDAs are created and funded through periodic IDA contributions by an individual and matched by or through a not-for-profit organization or a State or Local government agency in cooperation with such organization. The purpose of the account is to enable an individual to accumulate funds for post-secondary education, first home purchase or business capitalization.

Montana has a TANF-funded IDA Pilot Program. There are also Demonstration Project IDA programs in Montana.

Funds, including accrued interest, in the account are disregarded as a resource as long as the individual maintains or makes contributions to the account. The Montana TANF-funded IDA will continue to be excluded when an individual becomes ineligible for TANF as long as the individual is still maintaining or making contributions into the account. Contributions are only matched when withdrawn for an allowable purpose. TANF-funded IDA's are coded 'IT' and Demonstration Project IDA's are coded 'ID' on FIAC.

INDIVIDUAL RETIREMENT ACCOUNT (IRA)

Funds held in Individual Retirement Accounts (IRAs), are considered accessible to the applicant/participant. Count the equity value; cash value minus any early withdrawal penalty. (FIAC code 'IR')

ITEMS OF UNUSUAL VALUE

Countable. (OTAS Code: 'UV') See also Basic Maintenance Items.

NOTE: Vehicles are not considered items of unusual value.

KEOGH PLANS

KEOGH plans are considered accessible and counted as a resource even if the filing unit is not actually accessing the funds. (FIAC code: 'PE')

LAND

Only land, which is contiguous to the property on which the occupied/permanent home is located, can be excluded (OTAS Code 'HM'). Land on which the individual intends to build or is building is countable (OTAS Code 'RE').

LAND IN CRP

Land in Conservation Reserve Program (CRP) may be either a countable or excluded resource depending on circumstances.

Exclude the CRP land as necessary to produce income if the individual is actively farming/ranching on land not in CRP. See TANF 503-1 for policy on treatment of self-employment income.

If, however, the individual is not farming/ranching other land (i.e., retired), it is necessary to determine if the individual is in the business of renting property and how actively they are participating in the business.

1. Exclude the CRP land as a resource if the individual is in the property rental business or is actively participating in the business at least 20 hours per week. See TANF 503-1 for policy on treatment of earned rental income.

2. The CRP land is a countable resource if the individual is not in the property rental business or is not actively participating at least 20 hours. See TANF 501-1 for policy on treatment of unearned rental income.

LIFE ESTATES

A life estate is an estate whose duration is limited to the life of the party holding it or to the life of some other party. The holder of a life estate does not have title to the property and cannot sell the property. However, the holder of a life estate can sell his/her interest in the property unless restricted by the terms of the contract (if sale is restricted, the value of a life estate is excluded), and is entitled to any income from the property. A simple property check will not reveal the presence of a life estate. Code 'LE' on OTAS if excluded for FS but countable for all other programs; if

excluded for all, code 'OX'; it may be necessary to code 'OA', and/or 'OM' depending which programs count or exclude the life estate.

NOTE: Mineral or oil rights cannot be sold or leased without specific consent of the titleholder.

The life estate value is determined by multiplying the fair market value of the property by the percentage listed on the "Life Estate Interest Table" (SSI-MA 009) for the age of the individual on whose lifetime the life estate is based.

A life estate will be excluded as the home while the property meets the definition of principal place of residence; code 'HO' on OTAS.

If a life estate property is a private residence which is not occupied by the life estate owner or his/her dependents, and does not meet the definition of home (principal place of residence), the value of the life estate may be excluded as a resource as long as the property is used to produce income (i.e., as a rental).

If a life estate property is a business property, the value of the life estate may be excluded as a resource if the business property (such as a ranch or commercial property) is used to produce income (i.e., leased or rented) consistent with the value of the property.

For purposes of this policy, income consistent with the value of the property will be an annual net income of 6% of the fair market value of the property.

NOTE: If the life estate property is business property (such as a ranch or other business property) and is excluded as a home, if ANYONE is using the property as part of a business, the life estate owner must be receiving income for the use of the property (rental or lease income).

LIFE INSURANCE

Term life insurance policies are excluded resources. (OTAS Code: 'LI', equity value of $0.00 and document in CANO.)

The cash and face value of ordinary (whole life) life insurance policies held by filing unit members are excluded. (OTAS Code: 'LI', equity value of $0.00)

LIVESTOCK

The value of livestock necessary for employment or raised for home consumption is an excluded resource. (OTAS code 'LV'). Income received is countable as self-employment income (see 503-1). Livestock that are pets are also excluded.

Livestock, which is used as non-business income-producing property, is subject to the regulations listed under "Income Producing Property". Livestock owned in a non-business arrangement is often referred to as being "run on shares" by another individual. (OTAS code 'IP')

LOANS GIVEN BY THE HOUSEHOLD

A debt owed to the household is considered an excluded resource if the balance of the loan is inaccessible. Count the full unpaid balance of the loan (debt owed) toward the resource limit, if this balance can be readily liquidated.

LOANS RECEIVED BY THE HOUSEHOLD

A loan is excluded in the month received and the month following.

LUMP SUM PAYMENTS

Non-recurring lump sum payments that can be accurately prospected are countable resources both in the month received and in subsequent months to the extent retained, unless otherwise excluded. (LIAS Code: 'LS')

A lump sum payment may be a resource that changes forms.

EXAMPLE Participant has a retirement account valued at $2000. The participant's employment ends on July 12. On October 17, the participant receives a check for $1875 (retirement less taxes). Because of timely notice issues, the retirement account would be considered countable (see pension plans / retirement accounts later in this section) from August through October. On October 17, the resource changes forms and the amount retained must be counted for November. Because of prospective budgeting, ongoing case resource eligibility is always evaluated as of the first day of the month.

Examples of lump sums include but are not limited to: income tax refunds, rebates, credits, retroactive lump sum public assistance, railroad retirement, lump sum insurance settlements and refunds of security deposits.

NOTE: If the lump sum payment cannot be accurately prospected, it is not counted in the month of receipt; however, any funds remaining the following month will be added to all other available resources to determine ongoing resource eligibility.

NOTE: If an overpayment must be calculated due to the receipt of a lump sum that, if reported timely, could have been accurately prospected and timely notice of adverse action

given, the lump sum must be entered on the TEAMS LIAS screen as 'OA' and 'OF' if the household is open on FMA, Food Stamps or TANF cash assistance. The 'OA' and 'OF' codes must be used until a TEAMS enhancement is completed.

MILITARY REENLISTMENT BONUS

Military reenlistment bonuses can be paid in one of two ways: as a lump sum; or up to 50% of the bonus amount as an initial payment, with the remainder paid in equal annual payments. It is up to the military service to decide which military grades/series get the bonuses and how much they get. This means that the Navy, Marines, Army, and Air Force can have their own policies regarding payment of reenlistment bonuses. Eligibility Case Managers must verify what the payment policy is, depending on the military service to determine when it should be prospected.

A military reenlistment bonus is a countable resource in the month received if it can be prospected, and in subsequent months to the extent retained. TEAMS code 'OA'.

MINERAL RIGHTS

Mineral rights may be included with land ownership or owned separately. If surface rights of the same property are excluded (for example, homestead) so are mineral rights.

Obtain verification of mineral rights. Acceptable verifications are deeds, lease agreements, titles, and homestead documents.

If mineral rights are producing income under a lease agreement, the owner may be constrained from selling or otherwise disposing of those rights. If the land is already excluded, e.g., homestead, or the terms of the lease agreement do not allow sale, the mineral rights are excluded. (OTAS Code: OX').

NOTE: See 'Royalty' in 501-1, for Mineral Right income.

Determine the equity value by obtaining the fair market value and subtracting encumbrances/liens (amount owed). The balance is the equity value. Enter countable mineral rights information on the OTAS screen - Code: 'MR'. Document TEAMS Case Notes (CANO) and include a description of the property involved.

Fair market value can be obtained from a knowledgeable source (i.e., brokers in the geographical area or companies who lease mineral rights).

OLDER AMERICANS ACT

Projects funded under this Act include:

1. Green Thumb
2. Forest Service
3. American Association of Retired People (AARP)
4. National Council on Aging
5. National Council of Senior Citizens

Funds received by individuals age 55 and over under the Senior Community Services Employment Program PL 100-175, Section 166, Title V of Older Americans Act (projects listed above) are excluded.

PENSION PLANS or RETIREMENT ACCOUNTS

A pension plan or retirement account is an investment account (typically with an employer) that is intended to provide income at retirement. The equity value is the cash value minus any early withdrawal penalty.

Most employment related retirement accounts can not be accessed until the employee is no longer employed with that particular business or entity. While the individual continues employment, the funds are inaccessible.

The funds are considered **accessible upon termination of employment** even though the funds may not be issued for a length of time.

Code 'MR' if excluded for all programs
Code 'PE' if excluded for Food Stamps only
Code 'IR' if counted for all programs

See also **'Individual Retirement Accounts'** and **'Keogh Plans'**, which are **treated differently**.

PERSONAL CHECKING ACCOUNT

Countable. (FIAC Code: 'PC') Income received in the current month is not counted as a resource. Therefore, if the income is deposited into a bank account, it is disregarded as a resource in the current month, but countable in any future months. There is a two-step process in determining how much money in a checking account should be attributed to resources.

1. Follow existing policy to not count money as income and a resource in the same month. Therefore, the worker should exclude any current month income that is in the checking account.

   If this step makes the individual resource eligible, no further action is needed. If, however, the individual remains resource ineligible, the worker should go to step two.

2. Look at the individual's outstanding checks. If a check has been written and sent to the payee, even if it has not yet been cashed, the money is not available for other purposes. Therefore, it should not be counted toward the resource limit. Verification should be obtained when necessary.

PLAN for ACHIEVING SELF-SUPPORT (PASS)

Any income an SSI recipient places in an approved PASS account is excluded as a resource. The PASS account is excluded, as well. (FIAC code: 'OX').

PREPAYMENT of MORTGAGE or RENT

Prepayment of an individual's mortgage is not considered a resource. Prepayment of rent, however, will be a countable resource unless the individual cannot receive the money back **under any circumstances** (i.e., the lease agreement includes a no refund policy, or the landlord provides a statement that the funds will not be returned to the renter).

PROMISSORY NOTE

A promissory note is considered personal property (a liquid asset), and is countable. An individual holds legal interest and has the legal ability to make available his/her share in the note. The equity value of the note (the principal reduced by any lien) is countable. (LIAS Code: 'OT'). See 'Jointly-Owned Resources', TANF 401-1.

PROPERTY/ EQUIPMENT NECESSARY FOR EMPLOYMENT

Excluded as essential for the production of income, unless otherwise indicated below. (OTAS Code: 'TT' or 'FE', depending on the item).

See also **'Income Producing Property'**

Self-employment/Farm resources **may** (depending on program) include:

- Tools/equipment such as those needed by a carpenter, mechanic, cosmetologist, etc.
- Stock (such as office supplies) or raw materials.
- Property essential for income production.
- Office equipment such as furniture, typewriters, calculators, etc.
- Business/commercial checking account (FIAC code 'BC').

NOTE: Self-employment funds that have been prorated as income, retain their exclusion for the time they have been prorated as income (even if the funds have been commingled).

Funds contained in a business/commercial checking account which have not been prorated as income are also excluded (i.e., business working capital, business loans, etc.) However, funds diverted from this account to cover personal expenses, which have not already been prorated

as income must be counted as earned income to the participant.

- Business loans for the purchase of capital assets;
- Inventory;
- Machinery and equipment; and
- Other items needed to produce income.

A 'grace' period can be established for excluding the self-employment resources due to temporary inactivity in the trade or business. The 'grace' period during which time the specific business equipment can be excluded is up to one year.

The participant will have to actively return to the same trade or business within one year from the month he/she was no longer engaged in the trade/business. If the participant does not return to the business, the excluded resource(s) must be counted toward the resource limitation.

PROPERTY IN PROBATE

Excluded due to being inaccessible. (OTAS code: 'IA'). Set an alert to determine ownership interest after probate. TEAMS case notes must be entered explaining why the property is considered inaccessible, including Institutionalized Medicaid where the deceased is the community spouse. See also SSI-MA 906-1.

REAL PROPERTY LISTED FOR SALE

Non-home real property, whether for sale or not, is countable. (OTAS code: 'RE' if not for sale; 'HS' if for sale)

RESOURCES USED AS COLLATERAL

If a liquid or non-liquid resource has been used as collateral for a loan, only the equity or accessible portion of the resource is countable toward the resource limitation. If the resource cannot be sold due to specific language in the lien or security agreement, it is considered to be an inaccessible resource.

EXAMPLE: Household has used a certificate of deposit (CD) valued at $4,000 as collateral for a personal loan of $3,000. The CD's countable value is its equity value (fair market less encumbrances). Therefore, the equity value of the CD is $1,000, which is counted toward the resource limit.

If, however, the CD had restrictions placed on it that prohibited the household from cashing it out, the total value of the CD is considered inaccessible and is excluded as a resource.

➤SETTLEMENTS & RESTITUTION PAYMENTS

Agent Orange: Payments made under the Agent Orange Compensation Act (P.L. 101-201) are excluded.

NOTE: Payments of Veteran's benefits to veterans with service-connected disabilities resulting from exposure to Agent Orange are not excluded. Code 'VA'.

Asbestos: Funds received from an asbestos settlement or lawsuit are countable the earlier of when available or when received.

Disabled Children of Female Vietnam Veterans
Payments or restitution made by the VA to disabled children (now adults) of females who served in Vietnam between February 1961 and May 1975 are excluded; code 'OX'.

Factor VIII or IX Concentrate Blood Products Litigation, MDL 986 (No. 93-C-7452, Northern District of Illinois): Settlement payments as a result of the class action lawsuit to hemophilia patients infected with HIV (Human Immunodeficiency Virus) through blood plasma products are excluded.

Nazi Persecution Victims: Restitution made to individuals because of their status as victims of **Nazi Persecution** under P.L. 103-286 is excluded.

Radiation Exposure: Radiation Exposure Compensation Act payments are excluded. (P.L. 101-425)

Spina Bifida: Payments made to children of Vietnam veterans for disabilities resulting from spina bifida are excluded. (P.L. 104-204)

Susan Walker V. Bayer Corporation, et al, 96-C-5024 (Northern District of Illinois): Payments made from any fund established pursuant to this class settlement and payments made pursuant to a release of all claims in a case that was entered into in lieu of the class settlement and that was signed by all affected parties in such case on or before December 31, 1997 are excluded.

Wartime Relocation of Civilians: Payments of "Wartime Relocation of Civilians" made to certain U.S. citizens of Japanese ancestry, resident Japanese aliens, and certain eligible Aleuts under Title I of PL 100-383 or the Civil Liberties Act of 1988 are excluded.

SAFE DEPOSIT BOX

There is no requirement to view the contents of an individual's safe deposit box. It is appropriate to ask what the contents are and request necessary verification. The Eligibility Case Manager should only view the contents if that is the applicant's/ recipient's preference over bringing the documents to the OPA office for verification. The contents are listed in TEAMS using the appropriate codes (i.e., ST for stocks, BO for bonds, etc.).

SALE OF A RESOURCE

If an excluded or countable resource is sold, the proceeds remain an excluded or countable resource in the month of sale. For example, a vehicle (non-liquid resource) is sold for cash (liquid resource); the resource has simply changed form. Once a resource, always a resource **in the month of sale**. For example, if an excluded resource, i.e. their home, is sold, the cash is considered an excluded resource for the month of sale. The following month, any proceeds remaining are considered a countable resource (i.e., cash-on-hand, savings account, etc.).

If a self-employment resource is sold, see 503-1, 'Capital Gain or Loss'.

SAVINGS ACCOUNT

Countable. (FIAC Code: 'SV') If the current month's income has been deposited into the account, it must be excluded when determining the current value of the account. See also joint accounts and commingled funds, 401-1.

SAVINGS OFFER SUCCESS (SOS)

Matching award payments made by Rural Opportunities Inc. (ROI) to individuals participating in a Savings Offer Success program are excluded. (LIAS code: 'OX')

SECURITY DEPOSITS

Security deposits on rental property or utilities are excluded. (OTAS code: 'OX') This exclusion applies to both landlords and tenants.

STOCKS

Stocks and mutual fund shares are countable, unless otherwise excluded. (LIAS Code: 'ST')

TRAILERS

All Trailers, including 5th wheels, are countable unless otherwise excluded (e.g., home, income producing, etc.). (OTAS Code: 'TR')

SR

ΦΦΦ

Department of Public Health and Human Services	Section: RESOURCES
TANF CASH ASSISTANCE	Subject: Native American Resources

Supersedes: TANF 402-2 (01/01/06)

►References: ARM 37.78.102 and .401; 45 CFR 233.20;

GENERAL RULE--The equity value of all resources (real and personal property) owned by the filing/assistance unit are countable unless specifically excluded by regulation.

►COUNTABLE RESOURCES

Countable resources include, but are not limited to retained proceeds of the following payments:

1. Tribal payments not distributed per capita (such as 107th Meridian Settlement payments);
2. Tribally managed gaming revenues distributed per capita (P.L. 98-64);
3. Farm and grazing leases, oil and gas royalties and mineral rights payments from land other than trust or restricted land;
4. Gravel sales,
5. Timber sales,
6. Estate payments,
7. Oil and gas bonuses,
8. Mineral rights bonuses,
9. Right-of-way payments,
10. Seismic payments,
11. Land sale proceeds (the land sale source may be sale of trust property or of countable fee patent (taxable) property.),
12. Resources purchased with funds which are no longer clearly identifiable as excluded (LIAS Type Code 'OA'),
13. Amounts exceeding $2000 per individual per calendar year derived from leases or other uses of individual interests in trust or restricted land;
14. Bureau of Indian Affairs (BIA) payments;
15. Transfers of countable monies from other Native American agencies.

►EXCLUDED RESOURCES

Excluded Native American resources include:

1. Retained proceeds of any payment that was an excluded Native American income when received. This may include, but is not limited to:

a. payments of up to $2000 per individual per calendar year derived from leases or other uses of individual interests in trust or restricted lands;
b. judgment claim payments as listed in TANF 501-2, pages 2-3, #3;
c. payments derived from sub-marginal lands held in trust as listed in TANF 501-2, page 3, #4;
d. per capita to enrolled members of certain tribes when distributed under specific public laws as listed in TANF 501-2, pages 3-4, #5;

2. Interest earned on all Native American funds/resources;

3. Resources purchased with excluded Native American funds;

4. Individual enrolled tribal members' interests in trust or restricted lands, and improvements (buildings) on such land;

NOTE: This exclusion extends to only the original items purchased with excluded funds.

5. All compensation (including cash, stock, partnership interest, land, interest in land, and other benefits) received under Section 15 of P.L. 100-241, 2/3/88, (the Alaska Native Claims Settlement Act Amendments of 1987);

6. Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970 (P.L. 91-646, Section 216);

7. Funds paid to heirs of deceased Indians under the Old Age Assistance Claims Settlement Act (except for per capita shares in excess of $2,000).

In the case of commingled funds, exclusion continues so long as the excluded funds are clearly identifiable. For example, a bank account may exceed the resource limit when multiple members deposit excluded funds into the single account and the distinction for each member's funds can be made.

When excluded income/resources are no longer clearly identifiable in a commingled account, exclusion no longer applies. See 'Commingled Funds', TANF 401-1.

EXAMPLE: Joe receives a per capita payment of $1,500. This payment is excluded from resources. Joe uses this money to purchase a car. The car would remain an excluded resou

If Joe later trades the car in on a newer one, the exclusion ends. If Joe had used both excluded and non-excluded funds to purchase the car, it would be a countable resource as the excluded funds are no longer clearly identifiable.

INDIAN LANDS

Indian (Native American) land which is held jointly with the Tribe or land that can only be sold with the approval of the Bureau of Indian Affairs is **excluded**, as are any improvements (buildings, etc.) to the excluded trust land.

►

Fee patent land is countable, unless otherwise excluded (home, necessary for self-employment, etc.).

INDIVIDUAL INDIAN MONEY (IIM) ACCOUNTS

Funds in an IIM account must be evaluated according to the source(s) of the funds in the account. If the funds in the IIM are from an excluded source, they may be exempt according to the rules for the particular source. See also 'Commingled Funds' in TANF 401-1.

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Department of Public Health and Human Services	SECTION: RESOURCES
TANF CASH ASSISTANCE	SUBJECT: Trust Funds

Supersedes: TANF 402-3, (7/01/02)

References: ARM 37.78.102 and .401

GENERAL RULE--All trusts must be evaluated as to their availability for the household's support and maintenance.

➤ Property held in trust or owned by a corporation is not owned by the filing/assistance unit. No exclusions (i.e., income producing, home and surrounding property, vehicle with highest equity value, etc.) listed in sections TANF 402-1 and 403-1 can be applied to either trust or corporate property, regardless of whether or not any member of the filing/assistance unit is a trust beneficiary or corporate shareholder.

DEFINITIONS

Beneficiary: The beneficiary is the individual designated in the trust instrument as benefitting in some way from the trust. The beneficiary can be the grantor or another individual.

Grantor: The grantor is the entity who creates the trust. The grantor may be any person, including a court or administrative body, with legal authority to act on behalf of the individual or any person, including a court or administrative body, acting at the direction or request of the individual.

Trust: A trust is any arrangement in which a grantor transfers property (real or personal) with the intention that it be held, managed, or administered by a trustee(s) for the benefit of the grantor or other beneficiary(ies). Trusts are managed by individuals or entities with fiduciary obligations and may include (but are not limited to):

1. escrow accounts;

2. investment accounts:
3. future medical care accounts; and
4. other similar arrangements.

Trustee: A trustee is any individual(s) or entity (e.g., an insurance company or bank) that manages a trust and has fiduciary responsibilities.

➤SUPPORT AGREEMENTS

If any member of the filing unit has a written agreement which states that another person, entity or corporation agrees to support the household or a member of the household (e.g., family farm corporation, Masonic agreement or by-laws of a Hutterite Colony), the agreement must be evaluated to determine if it meets the legal definition of a trust.

If the agreement is determined to meet the trust definition, it must be evaluated for accessibility. If the trust is considered to be accessible, the value of all the resources held by the trust must be counted in determining the household's/individual's resource eligibility. It will be necessary to request verification of all resources held by the trust.

NOTE: All support agreements are to be evaluated by Central Office Policy Specialists and Department Legal staff.

ACCESSIBILITY

The trust may be designated as revocable or irrevocable. FIAC Type code: 'TI' if inaccessible (excluded) for all programs or 'TF' if accessible (counted) for all programs.

A REVOCABLE TRUST is a trust that can be terminated by the grantor. It is considered an accessible resource. For example, if the trust document states the trust can only be modified or terminated by a court, it is considered to be available since the grantor/representative can petition the court to terminate the trust.

A trust which is called irrevocable but which terminates if the grantor takes some action is also considered a revocable trust.

When the grantor, beneficiary, or trustee has unrestricted access to a trust, regardless of the stated use of the funds, the trust principal is treated as a countable resource.

EXAMPLES

Accessible Trust - The grandparents of children receiving TANF cash assistance are the sole contributors to an investment fund for the children's benefit. The children's mother (in the assistance unit) is the custodian of the fund (trustee). The grandparents state that the money is intended for the children's college education and not for basic necessities.

ACTION: These funds are available as a resource to the children, and must be counted. Access to the funds is not restricted and the children are not obligated, in the legal sense, to use the funds for their college education. FIAC Code 'TF'.

Inaccessible Trust - The grandparents of the children receiving TANF cash assistance are sole contributors to an investment fund for the children's benefit. The trust agreement states the funds are to be used for the children's college education and cannot be accessed for college until the children reach age 18. The children's grandparents are the custodians but cannot alter the trust. The children's mother does not have access to the trust.

ACTION: These funds are not currently available as a resource to the assistance unit and are not counted. Access is restricted per legal terms of the trust agreement. FIAC code 'TI'.

➤TRUST INCOME

Dividends, interest, rents and other income generated by a trust fund, unless otherwise excluded, that can be paid to the beneficiary or reinvested in the trust are countable income in the month they become available; code 'OT', regardless of whether the income is actually paid out to the beneficiary.

Monies withdrawn from the principal of an inaccessible trust fund, unless otherwise excluded, are countable income in the month received; code 'OT', if counted for all programs. It may be necessary to use the 'OA', 'OM' and 'OF' codes if other programs are open.

Monies withdrawn from the principal of an accessible trust fund are excluded as income because an accessible trust fund is a countable resource. Money cannot be considered income and resource in the same month. Code 'OX', if excluded for all programs.

Monies received and used for the care and maintenance of a third party beneficiary (adult or child) who is not a member of the trustee's filing unit are excluded as income for the trustee; code 'OX'. It is a best practice, although it is not a requirement, to list this income on TEAMS.

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Department of Public Health and Human Services

TANF CASH ASSISTANCE

SECTION: RESOURCES

SUBJECT: Vehicles

Supersedes: FAIM 403-1; 05/01/00

References: ARM 37.78.102 and .401

GENERAL RULE--The equity value of all vehicles owned by filing/assistance unit members must be evaluated when determining the amount of the household's countable resources. If the title of the vehicle lists only one name, the vehicle belongs to that individual, regardless of accessibility. Leased vehicles are not owned by the individual and therefore only need to be documented on TEAMS case notes (CANO screen). If a vehicle is in the process of being bought or sold, clearly document in TEAMS case notes what verification was used to determine ownership.

Vehicles which generally provide a means of transportation (e.g., boat, airplane, car, truck, motor home, motorcycle, snowmobile or three/four wheeler) are entered on the VEHI screen, even if they are not in operating condition.

➤ **NOTE:** One vehicle used as a home can be entered on the OTAS screen even if it is also a means of transportation (TYPE code: 'HM'). The vehicle's equity value will be excluded as a resource as long as it is used as a home. When the vehicle is no longer used as a home, the information is removed from the OTAS screen and re-entered on the VEHI screen with the appropriate Type and Use codes.

Vehicles which do not provide a means of transportation (i.e., camper or trailer) are entered on the OTAS screen.

JOINTLY-OWNED VEHICLES

If the title lists more than one name, the vehicle is considered jointly-owned. A jointly-owned vehicle is always assumed accessible to the applicant/participant unless he/she can thoroughly explain and verify why it cannot be sold.

➤ **NOTE:** Do not use the percent owned field on VEHI.

DETERMINING ACCESSIBILITY

The following guidelines should be used.

1. If the applicant/participant **has possession** of his/her jointly-owned vehicle, the equity value is countable in full to the filing unit regardless of whether or not the other owner(s) agrees to sell the vehicle.

   NOTE: If a jointly-owned vehicle's ownership is being considered in a legal proceeding and the owners are prohibited from selling the vehicle, it is considered inaccessible and, therefore, excluded until such time as the applicant/participant can legally sell the vehicle. (Legal prohibition includes, but is not limited to, court injunction and probate which might occur during a divorce action.)

   EXAMPLE: An applicant jointly-owns a car with her mother (both names appear on the title). The applicant has full use of this vehicle on a daily basis and there is no legal barrier to selling the vehicle.

   ACTION: The car is accessible and its value is counted in full (TEAMS Type Code: 'CA'; Use Code: 'GX').

2. If the individual does **not have possession**, he/she must demonstrate why he/she cannot access the value of the vehicle. For example, the joint-owner's location is unknown, the co-owner refuses to sell, or legal action is taken to prevent sale of the vehicle. Verification of the circumstances should be obtained, if at all possible. If the applicant/participant cannot give a thorough and convincing argument as to its accessibility, the vehicle is considered accessible and countable.

   EXAMPLE: An applicant jointly-owns a car with her estranged husband. He has possession of it.

   ACTION: Consider the vehicle accessible to the applicant unless legal action prevents both

parties from disposing of the vehicle, her husband cannot be located, or he refuses to sell the vehicle (Type Code: 'CA'; Use Code: 'GX'). If the circumstances are verified and it is determined the vehicle is not accessible, enter the Vehicle Type code as 'IA' on the VEHI screen. Set an alert to review periodically.

Vehicles determined to be inaccessible are entered on either the VEHI or OTAS screen using the vehicle Type Code of 'IA'. Document TEAMS case notes (CANO) explaining why the vehicle is inaccessible. Advise the household to report changes in accessibility and/or ownership.

DUPLICATE VEHICLE

If the joint-owners of an accessible vehicle are required filing unit members, enter the vehicle information (year, make, FMV, amount owed, etc.) on TEAMS using the appropriate vehicle Type Code against only one of the owners. To determine which owner should have the accurate information, choose the 'PI' (TEAMS Primary Information Person) or the first person listed on the case. If this person is not a joint-owner, choose one and document TEAMS CANO.

For all other joint-owners in the filing unit, either coded 'IN' or 'OU', enter the vehicle information again, exactly the same (make, year, etc.) EXCEPT enter the fair market value (FMV) as $1.00 and the Amt Owed as $1.00. TEAMS will consider this "duplicate" vehicle's equity value as zero and the information regarding joint-owners will be recorded on TEAMS for tracking purposes. Document TEAMS CANO.

NOTE: Until the TEAMS enhancement is completed, **do not use the duplicate vehicle Type code 'DV' and do not enter information in the "Percent Own' field**. Set an alert on ETAL for the next redetermination to reevaluate accessibility and/or ownership.

Joint-owners who are not required filing unit members (not listed or coded 'OU' on the SEPA screen must be documented on TEAMS case notes (CANO). If the vehicle is considered

inaccessible, the case note must include what verification was used to support inaccessibility.

FAIR MARKET VALUE

The standard references for determining fair market value of cars and light trucks up to 25 model years old are the NADA Official Used Car Guide or the NADA Older Car Guide, commonly referred to as the "Blue Book". Use the average trade-in value listed as the vehicle's current fair market value. Do not increase the value of the vehicle by adding the value of low mileage or other factors such as optional equipment.

➤ When the vehicle in question is too old to be listed but is less than 25 years old, assume that the average trade-in value is equal to that of the oldest listed vehicle of like make and model. Use of the NADA guides may not be appropriate if the make and model of the vehicle is not listed or if the vehicle is 25 years old or older. These older vehicles may have greater value as a classic or antique and should be independently valued.

DETERMINING EQUITY VALUE

The vehicle's equity value is counted toward the $3000 limitation. Equity value is determined by deducting the amount owed (liens/encumbrances) from the fair market value.

EXAMPLE: A vehicle's average trade-in value listed in the NADA is $2400. The individual owes $400 to the lending institution. The vehicle's equity value is $2000. TEAMS will automatically calculate equity value based on the fair market value and encumbrances (amount owed) entered by the Eligibility Case Manager.

KNOWLEDGEABLE SOURCE

The applicant/participant may contact a knowledgeable source to obtain other appraisals at his/her own expense. These appraisals will be considered with any other evidence, including the NADA guide value, to arrive at a fair market value.

Appraisals should be from a knowledgeable source such as an automobile or truck dealer, an automobile insurance company or the Montana Automobile Dealers Association. Document the information and the action taken in TEAMS case notes (CANO).

The following vehicles require verification from a knowledgeable source such as a county assessor or car dealer.

1. A new vehicle which is not yet listed in the NADA book.

2. A vehicle which is no longer listed in the NADA book and the applicant/participant's estimate of the value is questionable.

3. The owner does not agree with the NADA book value.

4. A vehicle is considered an antique/classic or is custom built.

EXCLUDED VEHICLES

The following vehicles are considered excluded resources in the eligibility determination.

1. Vehicles considered inaccessible (Type code: 'IA' on either OTAS or VEHI).

➤ 2. One vehicle being used as a home (Type code: 'HM' on OTAS).

3. Vehicles whose primary use is to produce income; e.g., taxi, semi-truck, fishing boat; (Use code: 'PI' on VEHI).

4. Vehicle previously used for self-employment; e.g., logging truck; but is no longer income producing because the participant is no longer engaged in that business. The exclusion is only allowed if the individual intends to use the vehicle for self-employment within one year from the date the self-employment business was terminated (Use code: 'PI' on VEHI). Set an alert on ETAL to update the case one year from the date self-employment business was terminated.

5. One vehicle with the highest equity value. TEAMS evaluates the equity value of all vehicles coded 'GX', 'IR', and 'NH' and excludes the vehicle with the highest equity value.

COUNTABLE VEHICLES

The **equity** value of all non-excluded accessible vehicles owned by a filing unit member will be counted against the $3000 resource limitation.

EXAMPLE: Three accessible vehicles are owned by required filing unit members.

ACTION: Evaluate for use as possible income-producing activity. It is determined that one vehicle is used to produce income ('PI' Use Code). The other two are for general use ('GX' Use Code). The income-producing vehicle will be excluded. One vehicle coded 'GX' with the highest equity value will also be excluded. The remaining vehicle's equity value is countable with all other countable resources in testing against the $3000 the resource limitation.

TEAMS PROCESSING

All vehicles, even if determined to be excluded or inaccessible, must be entered on TEAMS using the appropriate Type and Use Codes.

NOTE: Leased vehicles are not considered owned by the filing unit. The P-Justice interface will show the lessor's name (car dealer) instead of the applicant/participant's name. An alert should be set on the ETAL screen for the lease contract end date. If the applicant/participant purchases the vehicle, an evaluation of its use and accessibility must be completed and the information entered on TEAMS.

COMBINATION CASES

When a case involves Food Stamp and/or TANF cash assistance or FMA in combination with SSI-MA, the worker will need to employ a three-step process for TEAMS coding as follows:

1. Code vehicles owned by the SSI-Medicaid required filing unit members using the 'GX', 'OT' and 'NH' use codes as appropriate.

2. If the SSI required filing unit member is also on Food Stamps, update the 'GX' use codes to 'PI' or 'IR' if appropriate. Update the 'OT' or 'NH' codes to 'IR' if appropriate.

3. Code vehicles for those required in the FMA, Food Stamp or TANF cash assistance filing unit(s) that are not required in the SSI filing unit appropriately.

NOTE: 'IR' and 'PI' use codes are treated as 'GX' for SSI-related Medicaid programs. 'IR' and 'NH' are treated as if they are 'GX for TANF cash assistance and Family-related Medicaid cases.

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Department of Public Health and Human Services	Section: INCOME
TANF CASH ASSISTANCE	Subject: Overview

Supersedes: TANF 500 (07/01/02)

References: ARM 37.78.102, .402, .415 and .416

GENERAL RULE--Income or money obligated to the household from any source, even if it is diverted to an entity outside the household, is considered available to the household.

Determining financial eligibility means that an investigation of the household's current and future circumstances occurs. The results, a "best estimate," based on the household's reasonable expectations and knowledge, accurately reflect all facts and remains an accurate reflection of the likely situation throughout the eligibility period.

Income is divided into two categories:

1. Earned income that includes items such as:
   a. Wages and salaries for services performed, and
   b. Net earnings from self-employment
2. Unearned income, which includes all income that is not earned.

NOTE: Some types of income, such as in-kind, can be either earned or unearned depending on the circumstances. See income alpha index in 500-1.

AVAILABLE INCOME

All income, even if it is excluded per policy, **must** be entered on the appropriate screen. Earned income information is entered on either EAIN or SEEI; unearned income information is entered on UNIN. Case notes must document how the income was derived.

Income is considered available both when actually available and when the applicant or participant has a legal interest in it and the legal authority to make the income available for support and maintenance.

▶ Households are required to apply for all available **countable** benefits (e.g. SSI, Unemployment or Worker's Comp.) and/or access all available **countable** income that they may be eligible for or entitled to receive.

► The household must make application for the countable benefits and/or access the countable income, even if they would prefer to wait and do so at a later time.

► If the amount of the available benefits or income can be determined, it is counted toward eligibility as if received. If the amount cannot be determined, or the household fails/refuses to apply for or access the benefit or income, the case is to be closed or the application denied as there is not sufficient information to determine financial eligibility.

COUNTING INCOME

When non-self-employment income is expected to be received on a monthly basis, but for some reason is not, the amount received CAN be prorated over the period of intended use. The option to prorate must be given to the household and their decision clearly documented in case notes.

► When income is NOT expected to be received monthly, such as quarterly interest payments; the payment must be counted when received.

► EXAMPLE:

1. A family receives an annual lease payment each October. They apply for TANF in November. None of the October lease payment is considered income for November. However any amount remaining would be considered a resource.

Anytime a household receives a child support payment from the non-custodial parent or an out of state Child Support Enforcement Agency while receiving TANF cash assistance, the payment must be turned over to CSED. If the payment is paid from Montana CSED and CSED is aware the household receives TANF, these are arrearages or in excess payments and the household can keep the payment. If the payment is paid on a quarterly basis in advance, this must be documented when the payment is turned over to CSED.

►VERIFYING INCOME

Income must be verified at application and at redetermination. At application or redetermination, the applicant/participant's written or verbal statement alone is not acceptable; there must be collateral proof. State the type of proof and other pertinent information in case notes by answering the questions- who, what, when, where and how.

Documentary evidence is the primary source of verification; it is important to keep a hard copy of the verification in the case file for TANF cases. If the verification is verbally provided by a corroborative contact, the information is entered using TEAMS verification code 'CC' (collateral contact) and documented in case notes by answering the questions- who,

what, when, where and how. Visual verification of income and expenses is no longer recommended for TANF eligibility documentation.

Households have the primary responsibility to provide income verification. Eligibility staff shall assist the household in obtaining verification provided the household is cooperating with the verification process. A situation in which an eligibility case manager may need to assist would be when an applicant states his employer is unwilling to provide duplicate wages stubs. The eligibility case manager may need to send an employer statement requesting income verification.

UNEARNED INCOME VERIFICATION

Verification of unearned income may be from any of the following corroborative sources (list is not all inclusive).

- Organizational records or statements:

  Attorney statements or records
  Bureau of Indian Affairs records
  College, university or other source of financial aide
  County Clerk of Court records
  Insurance Company records
  Income tax records; state or federal (only if they reflect current income)

- Computer Interfaces:

  SEARCHS (child support)
  MISTICS (unemployment)
  BENDEX and State Data Exchange (SDX)
  SOLQ

- Correspondence or award letters regarding benefits (caution: changes not always reflected on letters):

  Unemployment, workers compensation, Social Security, railroad retirement, veteran administration, pensions, child support; Education grants, loans or scholarships.

- Any other reasonable form of verification.

EARNED INCOME VERIFICATION

Verification of earned income may be from any of the following corroborative sources (list is not all inclusive).

- Pay stubs or pay envelopes (if complete)
- W2 form

- Wage tax receipts
- State or Federal income tax return or tax statements (only if they reflect current income)
- Self-employment bookkeeping records showing all income and expenses
- Employer's statement (signed and dated by employer)
  If the employer statement is verbal, case notes must clearly document all details (who, what, when, where and how)
- Employment Security office records (DOLI interface)
- Any other reasonable form of verification.

INCOME OF DISQUALIFIED INELIGIBLE MEMBERS

To determine the amount of income countable to the household from a disqualified household member, first determine whether or not the individual(s)is a required filing unit member. If the individual(s) is a required member, code the individual(s) accordingly, either 'DQ', 'DP', 'IP' or 'IS' depending on the program.

Income and earned income deductions will be counted in the following manner:

▶ **'DQ'**-- will count all income and NOT prorate. Earned income deductions will be allowed. The individual will <u>not</u> be included in the household size.

▶ **'DP'**-- will 'deem' income of individuals coded 'DP' to remaining household members and allow deemed income disregards. The individual will <u>not</u> be included in the household size.

▶ **'IP'**-- will count the income in full for TANF. Earned income disregards will be allowed. The individual will be included in the household size.

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Department of Public Health and Human Services

TANF CASH ASSISTANCE

Section: INCOME

Subject: Alpha Index

Supersedes: TANF 500-1, 07/01/02

Income Source	UNIN (501-1) Page #	EAIN (502-1) Page #	SEEI (503-1) Page #	Comments
AARP		5		See 'Older Americans Act'
Accelerated Employment Services		1		
Adoption Subsidies (Title IV)	1			
Advances on Wages		1		
Agent Orange	12			See Settlements and Restitution
Agricultural Stabilization and Conservation Service			3	
Aid and Attendance	16			See 'Veterans Aid and Attendance'
AmeriCorps		1		
AmeriCorps *VISTA		6		See 'Vista'
Annuity Payment	1			
Asbestos	12			See Settlements and Restitution
Assistance Programs	1-2			
Attendant Care Payments		1		
Available (when is income...)				See 500 page 1
Bankruptcy			12	
Bartered income	7-8	3	4	See 'In-Kind Income'
BIA General Assistance	1			See 'Assistance Programs'
Boarder Income			11	Also see 'Roomer' in 503-1
Bonus Pay		1		
Business Connected to Home Property			6	Also see 'In-Home Business' in 503-1, pg 7
Canceled Debt (Self-Employment)			3	
Capital Gains/Losses	2		4	Also see 'Sale of a Resource'
Charitable Donations	2			

Income Source	UNIN (501-1) Page #	EAIN (502-1) Page #	SEEI (503-1) Page #	Comments
Child Care Block Grant	2-3			
Child Support Arrearages	3			
Child Support or Alimony	3			
Child Support Supplement Payment	3			
Community Services Admin.	4			
Commission		1		
Contract for Deed	4			
Contractual Income		1		
Contributions	4			
Corporations (Income from)			2	
Counted (when is income...)				See 500 Page 2
Crime Victim Compensation	4			
CRP Payment	11			See 'Rental Income' Also see Self-Employment 503-1
Dependent Care Business Expense			5	
Dependent Care Usage Charts			15	
Disaster Relief	4			Also see 'FEMA'
Disabled Children of Female Vietnam Veterans	12			See Settlements and Restitution
Displaced Homemaker		2		
Disqualified/Ineligible members (Income of...)				See 500 page 4
Dividend	4			Also, see 'Interest'
Domestic Volunteer Services Act		2		
Earned Income of Children		2-3		
Earned Income Tax Credit (EITC)		3		
Educational Income	5			
Energy Payments	5			

Income Source	UNIN (501-1) Page #	EAIN (502-1) Page #	SEEI (503-1) Page #	Comments
Experience Works AKA Green Thumb		5		See 'Older American's Act'
Factor VIII or IX Concentrate Blood Products Litigation, MDL 986	12			See Settlements and Restitution
Family Subsistence Supplemental Allowance (FSSA)	9			See Military Allowances
FEMA	5			Also see 'Disaster payments'
Forest Service Income for the Elderly		5		See 'Older American's Act'
Foster Care	5			
Foster Grandparent		2		See 'Domestic Volunteer Services Act'
Garnishments	5-6	3		
Gifts	6			
Government Training Allowances		3		
Green Thumb		5		See 'Older American's Act' 'Experience Works AKA Green Thumb'
Home Equity Conversion Plan	6-7			
Home Equity Loan	8-9			See 'Loans'
Homeowners Credit	10-11			See 'Reimbursements'
Individual Development Accts (IDAs)	7			
Income Tax Refund/Credit	7			
In-Home Business			7	See 'Business Connected to Home Property'
In-Kind Income	7-8	3	4	
Indian Income				See 501-2
Interest	8			
Irregular or Infrequent Income	8	4		
Jury Duty Payments		4		
Lease	8			See also 501-2 'Native and Indian Claims' and 503-1 'Self-Employment'

Income Source	UNIN (501-1) Page #	EAIN (502-1) Page #	SEEI (503-1) Page #	Comments
Loans Received by the Household	8-9			
Loan repayments to the Household	9			
Lump Sums	9	4		
Military Basic Housing Allowance (BAH)	9	4		
Military Pay		4		See 'Military Allowances' and Veteran's Administration' 501-1
National Community Service Act (NCSA)		6-7		See 'Workforce Investment Act'. Programs under Title 1 of this Act are under WIA
National Council on Aging		5		See 'Older American's Act'
National Council of Senior Citizens		5		See 'Older American's Act'
National School Lunch Program	10			
Native and Indian Claims				See 501-2
Nazi Persecution Victims	12			See Settlements & Restitutions
Nutritional Program for the Elderly	10			
Older Americans Act		5		
On-the-Job Training Program		6-7		See 'Workforce Investment Act (WIA)'
Patronage Dividends			3	
Payments to Protective Payees	10			
Pensions	10			Also see 'Military Pay'
Per-Capita Income				See 501-2
Plan for Achieving Self-support (PASS)	10	5		
Radiation Exposure Compensation Act	13			See Settlements & Restitution
Railroad Retirement	10			See 'Pensions'
Recoupments for prior overpayments	10			
Reimbursements	10-11			

Income Source	UNIN (501-1) Page #	EAIN (502-1) Page #	SEEI (503-1) Page #	Comments
Rental Income	11		10	Coded on UNIN or SEEI
Renters Credit	10-11			See 'Reimbursement'
Repayment of a Loan	9			See 'Loan Repayments to Households'
Retired Senior Volunteer Program (RSVP)		2		See 'Domestic Volunteer Services Act'
Reverse Mortgage	6-7			See 'Home Equity Conversion Plan'
Roomer (Income from a...)			11	See also 'Contributions' and 'Boarder'
Royalty Income	4-5	5		See Dividends and Royalty Income. Also see 503-1 'Self-Employment'
Rural Employment Opportunities		6-7		See 'Workforce Investment Act'
Rural Opportunities Incorporated	12			See 'Savings Offer Success'
Sale of Blood		5		
Sale of a Resource	11			
Savings Offer Success (SOS)	12			
Self-Employment; Budgeting			8	
Self-Employment; Changes			13	
Self-Employment; Definition			1	
Self-Employment Expenses			4	
Self-Employment Losses			12	Also see 'Capital Gains/Losses'
Self-Employment Resources			3	
Self-Employment; Redetermination			14	
Senior Companion Program		2		See 'Domestic Volunteer Services Act'
Service Corps of Retired Executives (SCORE)		2		See 'Domestic Volunteer Services Act'
Severance Pay	13	5		
Shelter costs (in-home business)			7	
Shelter costs (business connected to home property)			6	
Sick Leave	13	5		

Income Source	UNIN (501-1) Page #	EAIN (502-1) Page #	SEEI (503-1) Page #	Comments
Social Security/SSI/1619B	1-2			See 'Assistance Programs'
Spina Bifida Payments	13			See Settlements & Restitutions
Sponsored Aliens	13			
State Supplemental Payments	1			See 'Assistance Payments'
Stipends				See the source of the stipend (WIA, VA educational assistance, etc.)
Striker Income	13			
Subsidized Guardianship	13			
Supportive Service Payment	14			
Susan Walker V Bayer Corp.	13			See Settlements and Restitution
Temporary Disability Insurance	14			
Tips		5-6		
Training Allowances		3		See 'Government Training Allowances'
Tribal TANF	1-2			See 'Assistance Programs'
Trust Funds	14			
Unemployment Compensation	14-15			
Uniform Relocation Payments	15			
Vacation Pay	13	5		See 'Severance' or 'Sick Leave'
Vendor Payments	15	6		
Veteran Administration	16			
VISTA		6		
Wages		6		
Wartime Relocation of Civilians	13			See Settlements and Restitution
Weatherization	16			
Women Infants and Children (WIC)	16			
Work Study Income		6		
Worker's Comp	16			
Workforce Investment Act (WIA)		6-7		
Work Support Payment	16			

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Department of Public Health and Human Services	Section: INCOME
TANF CASH ASSISTANCE	Subject: Unearned Income

Supersedes: TANF 501-1 (07/01/05)

References: ARM 37.78.102, .402 and .416

GENERAL RULE–All unearned income received by the filing unit is considered when determining eligibility for TANF cash assistance. All unearned income, whether countable or excluded according to policy, is entered and coded appropriately on the TEAMS UNIN screen.

ADOPTION SUBSIDIES (TITLE IV)

Title IV adoption subsidies are intended to pay for general living expenses and are countable unearned income to the child; code 'OT' against the child.

ANNUITY PAYMENT

Annuities are contracts or agreements that provide for the payment of annuitized income at regular intervals (i.e., monthly, quarterly, annually, etc.). Code on TEAMS using the appropriate income code based on the source of the annuity.

The annuity is an excluded resource if payments are being made, but the payments may be countable unearned income.

NOTE: If the individual is not legally prohibited from receiving annuity payments, they must avail themselves of the payments as a condition of eligibility.

ASSISTANCE PROGRAMS

All federal, state, or local assistance paid directly to the household may be countable or excluded unearned income depending on the source.

NOTE: Vendor payments from federal, state, or local assistance programs may also be countable. See 'Vendor Payments' and 'In-kind Income' in this section.

Assistance payments include the following:

1. Supplemental Security Income (SSI; also known as Title XVI benefits); code 'SI' excluded.

2. Retirement, Survivors and Disability Insurance (RSDI; also known as Title II benefits); code 'SS' countable.

3. State Supplemental Payments (SSP); code 'ST' excluded.

NOTE: SSI 1619B recipient is considered to be SSI eligible under Title XVI; earned income code 'SI', excluded. However, any cash contribution given directly to the household is considered unearned income to the household. (Code CO on UNIN)

NOTE: 'SI', 'SS' and 'ST' benefits should automatically interface onto the UNIN screen based on Social Security tapes matched with TEAMS. The Eligibility Case Manager accesses the SOLQ query to determine the correct SSI and RSDI when the amount is questionable.

When the interface occurs too late in the month to give timely notice, the income is adjusted to the previous amount and an alert is set to change the income for the following month.

4. TANF cash assistance (TC) automatically interfaces when authorized in Montana; code 'AF'. TANF cash assistance received in another state must be entered manually; code 'AP' countable. For an explanation on how to handle the time clock for assistance received in two states see TANF 803-1.

5. Bureau of Indian Affairs (BIA) General Assistance; code 'GA' countable.

CAPITAL GAINS

Capital gains from the sale of **personal** property or a house, when not in the business of buying and selling houses, see 'Sale of a Resource' in TANF 402-1, if payment is made in a lump sum.

Refer to 'Sale of a Resource' in this section if payment is made in installments instead of a lump sum.

Refer to section 503-1 for 'Capital Gains' from the sale of self-employment property.

CHARITABLE DONATIONS

Cash donations based on need received by the household from one or more private nonprofit organizations are countable; code 'OA'.

CHILD CARE BLOCK GRANT

Child care payments paid to the parent whose child is receiving care are excluded because the parent is obligated to give the payment to the child care provider; code 'OX'.

NOTE: The payment is countable earned income from self-employment when a required filing unit member is the service provider. See section 503-1.

CHILD SUPPORT ARREARAGE

Child support arrearages received on a regular monthly payment schedule are part of the current payment and are countable; code 'CS AR'. If the child(ren) the payment is intended for is still in the home, code against the child(ren). If the child(ren) is no longer in the home, code against the adult even if the payment is being passed on to the child.

NOTE: If the payment is being passed on to a child(ren) who is no longer in the home and that child(ren) is also on assistance, the payment may be counted twice. Once in the parent's home as 'CS AR' and once in the child's home as 'CO'.

A child support arrearage paid in a one-time payment is considered a lump sum and is excluded; code 'LS'.

CHILD SUPPORT or ALIMONY

Payments made directly to the household (filing unit) by CSED, when CSED is aware the household receives TANF cash assistance, are arrearages. For arrearages see above.

NOTE: Child support income is countable when an applicant keeps the child support received prior to the initial authorization of TANF cash assistance; code 'CS'.

Anytime a household receives a child support payment from the non-custodial parent or an out of state Child Support Enforcement Agency after the initial TANF cash assistance benefit authorization, the child support is excluded income due to the requirement to turn the money over to the Child Support Enforcement Division (CSED); code 'OX'.

NOTE: When a TANF cash assistance recipient keeps child support that should have been sent to CSED, **the Eligibility Case Manager will set up an overpayment** and make a referral to Claims and Recovery for evaluation of an Intentional Program Violation. (IPV)

➤CHILD SUPPORT SUPPLEMENT PAYMENTS

House Bill 529 provides that a child support supplement payment will be issued to TANF families, using TANF block grant funds. The amount is based on **current** child support collected from a non-custodial parent. Excluded income. Code 'CS SP',

COMMUNITY SERVICES ADMINISTRATION

Payments from the Crisis Intervention Program (CIP) administered by the Community Services Administration (CSA) are excluded; code 'OX'.

CONTRACT for DEED

Payments received from a contract for deed that are excluded as a resource are considered countable unearned self-employment. The cost of doing business is deducted from the gross income to arrive at the countable net income; code the net income 'OT'. The income is countable over the period the income was intended to cover.

NOTE: Allowable business expenses include: escrow fees, property taxes and insurance. The interest earned and the portion of the payment for principal, are countable income when the contract for deed is an excluded resource.

When the contract for deed is countable as a resource, only the interest payment (minus cost of doing business--see 'business expenses' above) is counted as income; code 'DI'. The payment on principal is excluded.

CONTRIBUTIONS

Income received from an outside source that can be anticipated, but cannot be otherwise excluded as a valid loan, is considered a contribution to the household and is countable; code 'CO'.

CRIME VICTIM COMPENSATION

Payments received under this program, regardless of the circumstances of payment, are excluded; code 'OX'.

DISASTER RELIEF ACT

Payments issued as a result of a Presidentially declared emergency or major disaster as defined in this Act as amended, are excluded; code 'OX'. This exclusion applies to Federal assistance provided to individuals directly affected and to comparable disaster assistance provided by states, local governments, and disaster assistance organizations. Also, see 'FEMA' in this section

DIVIDEND and ROYALTY INCOME

Dividend and royalty income are countable because they are a gain or benefit to the household; code 'DI' or 'RO', as appropriate.

NOTE: See section 501-2 'Native American Income' for royalties from Indian lands, oil, gas, and timber.

Definition of Royalties: Royalties include compensation paid to the owner for the use of property, usually copyrighted material such as books, music, etc., or natural resources such as mineral, oil, gravel or timber.

Royalties are unearned income unless they are received as part of a trade or business (See FMA 503-1 Self-Employment) or when received by an individual in connection with any publication of his/her work under which circumstances the royalties are considered countable earned income.

Payments for the use of natural resources must be received under an agreement whereby the owner authorizes another to manage and extract

the product AND receives an amount that is dependent on the amount of product actually extracted in order to be considered royalties.

The cost of producing the income can be deducted from unearned royalties. These costs include production and/or severance taxes, but do not include income taxes or windfall profit tax deductions withheld. Expenses can only be deducted from earned royalties if the income is derived from a current self-employment business.

Dividend or royalty income is counted when it is received and cannot be averaged (prorated) over period of intended use. However, payments can be averaged to determine the best estimate of the next payment.

EDUCATIONAL INCOME

Educational grants, loans, scholarships, and VA education payments that are directly related to the individual's attendance at an institution of higher education are excluded; code 'ED'.

ENERGY PAYMENTS

Energy payments made to households (filing units) are excluded; code 'OX'. These include: Section 8/HUD Utilities Payments, LIEAP payments and Farmer's Home Administration (FHA) Rent Subsidy Payments.

FEMA FUNDS

Federal Emergency Management Assistance (FEMA) funds, which are made to households to pay for rent, food and utility assistance when there is **no** major disaster or emergency, are countable, when they can be prospected; code 'OT'. If the payment is related to a disaster see 'Disaster Relief' above.

When FEMA pays the rent directly to the landlord, the amount is considered a vendor payment. See 'Vendor Payment' in this section.

FOSTER CARE

Foster care payments made for a child that is **not** included in the filing unit are excluded. Code the income against the foster child or foster adult (code **'FC CO'**).

A caretaker relative cannot receive foster care payments and TANF cash assistance for the same child for the same month.

GARNISHMENT

Count the gross income to determine benefits if unearned income is garnished for a purpose not related to an overpayment from the same income source. For example, when workers' compensation is being garnished for child support the gross workers' compensation payment is countable; code 'WC'.

NOTE: Payment of a legally obligated child support debt is an allowable expense. See TANF 602-1.

See 'Recoupments for Overpayments' in this manual section if the income is being reduced to repay overissued income from the same income source.

GIFTS

Monetary gifts to the household, such as money received as a birthday, anniversary, graduation or Christmas present, are generally excluded for TANF cash assistance. The exclusion is usually due to the inability to prospect the income.

Gifts of money up to $50 per filing unit member per month are excluded. If the gift is $50.00 or less, code 'GI'. Gifts over $50.00 per person per month, which can be prospected are countable in their entirety; code 'OA'.

Countable gifts given to an entire household are prorated among the household members. (Example: a $300 gift given to a household of six for Christmas would be prorated as $50 per household member - $300 ÷ 6 = $50 each.) When the gift is countable for all programs, it is coded 'CO'.

HOME EQUITY CONVERSION PLAN

There are several variations of Home Equity Conversion Plans that allow households to borrow money or receive payments against the value of their home. The most common conversion plans are either a Reverse Annuity Mortgage Loan Program (RAM) or a Home Equity Conversion Sale Leaseback Program. A case-by-case review must be made to determine if the money is countable unearned income or an excluded loan due to variations in the programs. **(See 'Loans' for policy on home equity loans.)**

Reverse Annuity Mortgage:
Payments received from a Reverse Annuity Mortgage loan program (RAM) are considered a loan. Therefore, they are excluded income for all programs; code 'LO'. The Eligibility Case Manager should request verification of the loan agreement between the mortgage company and the homeowner to verify when the loan is to be repaid. TEAMS case notes must be documented.

Generally repayment will begin when the:

1. house is sold;
2. owners no longer occupy the house; or
3. owners die and repayment is taken from the settlement of the estate.

Home Equity Conversion Sale Leaseback Program:
Under this program the house is sold to an investor who pays the homeowner the purchase price in a series of payments and gives the homeowner a lease to live in the home for a specific period of time,

sometimes until death. It is necessary to review each sale-leaseback transaction to evaluate the specific financial arrangements to determine if the proceeds from the property are considered income or a resource. Payments received in one month are a resource in the month received. Monthly payments are countable unearned income to the household.

INDIVIDUAL DEVELOPMENT ACCOUNTS (IDAs)

Individual Development Accounts (IDA's) may be established by or on behalf of an individual eligible for TANF cash assistance. IDA's are created and funded through periodic IDA contributions by an individual and matched by or through a not-for-profit organization or a state or local government agency in cooperation with such organization. The purpose of the account is to enable an individual to accumulate funds for post-secondary education, first home purchase or business capitalization. There are Demonstration Project IDAs in Montana that are not funded with TANF.

Only earned income can be deposited into an IDA. Before being deposited, the earnings are counted as wages on the EAIN screen. Therefore, when funds are withdrawn, for whatever reason, they are not considered income to the household because they have already been counted. Even if the income was not counted against a Montana case when deposited, it is still not considered income when withdrawn. Interest earned on the IDA is excluded.

For combination cases, the portion of wages that are excluded for SSI-MA is coded 'OA' for TANF cash assistance and FMA; 'OF' for FS. The remaining portion of wages is coded 'WA'.

INCOME TAX REFUND/CREDIT

Income tax refunds are excluded. Code 'OX'.

NOTE: Earned Income Tax Credit payments received either as an advance payment or as a refund are excluded earned income; code 'EI'.

IN-KIND INCOME

See 'Bartering' in Section 503-1 for policy regarding in-kind services exchanged between two or more self-employment business.

Unearned in-kind income is food or shelter provided to a household that is not given in exchange for work. This is considered excluded income. (UNIN Code 'IK'). However, it must be evaluated to determine if it is a contribution (i.e., The participant's mother is giving money directly to the participant to buy groceries or pay rent.) (UNIN Code 'CO').

NOTE: If the household is working in exchange for the food or shelter, see Section 502-1 'In-kind Income'.

►INTEREST

Interest earned on a countable resource (such as a countable savings account) is excluded as income; code 'OX'.

►

Interest earned on an excluded resource (such as an excluded contract for deed) is countable as income.

Countable interest income is counted when it is received and cannot be averaged (prorated) over period of intended use. However, payments can be averaged to determine the best estimate of the next payment.

IRREGULAR OR INFREQUENT INCOME

Any amount of income that can be reasonably prospected is counted.

LEASE INCOME

Also, see Native American income in section 501-2.

Lease income that is unrelated to Native American resources is countable; code 'LE'.

Prorate expected income over the period of time it is intended to cover.

EXAMPLE: If the lease is for a six month period of time but the payment is only made once in that six month period, the income would be averaged over six months beginning with the month the payment is made to the household.

When the filing unit is in the business of buying and selling leases or managing lease property, the income is considered self-employment. See 503-1.

►

NOTE: When a lease contract will experience a significant change in the next year, schedule the redetermination for the month prior to the month of the expected significant change.

LOANS RECEIVED BY HOUSEHOLD

All valid loans, including loans from private individuals as well as commercial institutions are excluded; code 'LO'.

Educational loans are coded differently. See 'Educational Income' in this section.

NOTE: All loans **received**, other than deferred repayment educational loans, are considered resources since they are available as liquid resources (cash on hand or in checking accounts) until the money from the loan is spent. See section 402-1.

Verification of a valid loan: The agreement can be written or oral but repayment cannot be contingent on the occurrence of an uncertain event.

LOAN REPAYMENTS TO HOUSEHOLD

When a loan previously given by the household is **counted** as a resource, repayment of the loan is excluded and only the interest is counted; code 'OX' for the principal; code 'DI' for the interest. See 402-1 for resource determination. 'OX' for the principal; code 'DI' for the interest.
When a loan previously given by the household is **excluded** as a resource, such as when the loan cannot readily be liquidated, the full payment of principle and interest is counted as income; code 'OT'.

LUMP SUM PAYMENTS

Nonrecurring lump sum payments are excluded income; code 'LS'.

NOTE: See TANF 402-1 for resource considerations.

Examples of lump sum payments are:

- Severance pay or sick leave. See sections 501-1 and 502-1.
- Rebates or credit refunds.
- Crop insurance proceeds. See section 503-1.
- Social Security, SSI, TC, Tribal TANF, Railroad Retirement or insurance settlements.

➤MILITARY ALLOWANCES

A **Family Subsistence Supplemental Allowance** (FSSA) is paid to certain service members and their families, if determined eligible by the Department of Defense. The amount of FSSA is shown on the member's Leave and Earnings Statement.

The **Military Basic Allowance for Housing** (BAH) is one monthly payment, replacing the Variable Housing Allowance (VHA), and Basic Allowance for Quarters (BAQ). The BAH is based on civilian rental costs by pay grade, dependency status, and housing compensation based on comparable civilian costs of housing. See 'Veterans Administration' in this section.

BAH (BAQ or VHA) and FSSA allowances are considered countable **unearned**; code 'MI'. If FS are also open, then codes 'OM' and 'OA' are used on UNIN to exclude the income from FS.

NATIONAL SCHOOL LUNCH PROGRAM or NUTRITIONAL PROGRAM for the ELDERLY

The value of assistance to children and elderly under these Acts is not income and is not required to be listed on TEAMS.

PAYMENTS TO PROTECTIVE PAYEE

Monies received and used for the care and maintenance of a third party beneficiary (adult or child) who is not a member of the protective payee's household, are excluded as income for the protective payee; code 'OX'. It is a best practice to list this income on TEAMS although it is not a requirement.

As a condition of eligibility, applicants/participants must take necessary steps to obtain all income to which they may be entitled. Therefore, the amount intended for the beneficiary is counted against the beneficiary even if they are not actually receiving the income from the protective payee.

PENSION PAYMENTS

Recurring payments from pension plans are countable unearned income; code 'GP', 'RR', or 'OP' accordingly. Also, see 'Veterans Administration' in this section.

PLAN for ACHIEVING SELF-SUPPORT (PASS)

Income paid to an SSI recipient under a plan for achieving self- support is excluded; code 'OX'.

RECOUPMENT FOR PRIOR OVERPAYMENTS

See 'Garnishments' in this section if the recoupment is unrelated to an overpayment.

Enter the net income (amount after the repayment is taken) on TEAMS when money is withheld from an assistance payment, earned income or other income source to repay a previous overpayment from that same income source.

REIMBURSEMENTS

Reimbursements for past or future expenses unrelated to normal living expenses, are excluded for all programs to the extent they do not exceed actual expenses and do not represent a gain or benefit to the household.

Reimbursements for normal living expenses such as mortgage, rent, personal clothing or food eaten at home are a gain or benefit and are not excluded as a reimbursement. These exchanges should be evaluated under other income categories such as contributions or in-kind income on a case-by-case basis.

The following are examples of excluded reimbursements:

1. Reimbursements or flat allowances for job or training- related expenses such as travel, per diem, uniforms, and transportation to and from the job or training site. Reimbursements provided over and above basic wages for these expenses are excluded. However, these expenses, if not reimbursed, are not otherwise

deductible. Reimbursements for the travel expenses of migrant workers are also excluded.

2. Reimbursements for out-of-pocket expenses of volunteers incurred in the course of their volunteer work.

3. Medical and dependent care reimbursements, including reimbursements from Veterans Administration for 'Unusual Medical Expenses'.

4. Reimbursements received by the filing unit to pay for services provided by Title XX of the Social Security Act.

5. Renters Credit or Homeowners Credit.

If the excluded reimbursement is in the form of an earned training allowance, code it as 'TR' on EAIN. All other excluded reimbursements are coded 'OX' on UNIN.

NOTE: Reimbursements for childcare in the form of adoption subsidies are countable income. Actual dependent care expenses are allowed as a disregard up to the maximum limit.

RENTAL INCOME

Rental self-employment income and rental partnership income where the individual is not actively participating in the business at least 20 hours per week is considered unearned self-employment income and is countable.

SALE OF A RESOURCE

See section 503-1 'Capital Gains' for sale of **self-employment resources**.

When income from the sale of a **personal** resource is received in **installment payments**, the payments minus cost of doing business are countable income.

When the contract is counted as a resource, such as a contract that can be readily liquidated, **only** the **interest** portion of the installment payment is counted as income; code 'DI', countable for all programs.

EXAMPLE: Joe is open on TANF. He sells his camper for $1,000. An initial payment of $300 is received (countable resource), with the balance to be paid in monthly payments of $100. The installment contract can be readily liquidated so the remaining $700 is also considered a countable resource. Only the interest received would be considered income; code 'DI'.

NOTE: If the installment contract cannot be readily liquidated (i.e., language states that it cannot be sold to a bank or other financial institution), it would be considered inaccessible and excluded. Therefore, both the $300 and $100 monthly payments in their entirety would be counted as income; code 'OT'. (There was zero cost of doing business.)

When proceeds from the sale of a **personal** resource are received in **ONE payment,** the payment is not considered income but instead a resource in the month received. See TANF 402-1.

SAVINGS OFFER SUCCESS

Savings Offer Success (SOS payments made by Rural Opportunities, Inc. (ROI) are privately financed payments to households for a down-payment on a house, start-up costs of a self-employment business, or tuition costs for post-secondary education. For every $1 the individual deposits, ROI will deposit $3 in matching funds. Matching awards are made from funds that are not owed to the household and are excluded as income. Payments out of the accounts are made as vendor payments to a third party on behalf of a household, therefore these are also excluded as income; code 'OX'.

➤SETTLEMENTS & RESTITUTION PAYMENTS

Agent Orange: Payments made under the Agent Orange Compensation Act (P.L. 101-201) are excluded.

NOTE: Payments of Veteran's benefits to veterans with service-connected disabilities resulting from exposure to Agent Orange are not excluded. Code 'VA'.

Asbestos: Funds received from an asbestos settlement or lawsuit are countable the earlier of when available or when received.

Disabled Children of Female Vietnam Veterans
Payments or restitution made by the VA to disabled children (now adults) of females who served in Vietnam between February 1961 and May 1975 are excluded; code 'OX'.

Factor VIII or IX Concentrate Blood Products Litigation, MDL 986 (No. 93-C-7452, Northern District of Illinois): Settlement payments as a result of the class action lawsuit to hemophilia patients infected with HIV (Human Immunodeficiency Virus) through blood plasma products are excluded.

Nazi Persecution Victims: Restitution made to individuals because of their status as victims of **Nazi Persecution** under P.L. 103-286 is excluded.

Radiation Exposure: Radiation Exposure Compensation Act payments are excluded. (P.L. 101-425)

Spina Bifida: Payments made to children of Vietnam veterans for disabilities resulting from spina bifida are excluded. (P.L. 104-204)

Susan Walker V. Bayer Corporation, et al, 96-C-5024 (Northern District of Illinois): Payments made from any fund established pursuant to this class settlement and payments made pursuant to a release of all claims in a case that was entered into in lieu of the class settlement and that was signed by all affected parties in such case on or before December 31, 1997 are excluded.

Wartime Relocation of Civilians: Payments of "Wartime Relocation of Civilians" made to certain U.S. citizens of Japanese ancestry, resident Japanese aliens, and certain eligible Aleuts under Title I of PL 100-383 or the Civil Liberties Act of 1988 are excluded.

SEVERANCE PAY

Severance pay is considered earned income. See TANF 502-1.

SICK LEAVE/ VACATION PAY

When sick leave or vacation pay is received while still employed it is earned income. See TANF 502-1.

Vacation pay received after employment termination is treated as severance pay. See TANF 502-1 'Severance Pay'.

Sick leave pay received after employment termination is countable earned income in the month received; code 'OA'. See TANF 502-1.

NOTE: When sick leave pay is received as a lump sum after employment termination, it is excluded; code 'LS'.

SPONSORED ALIENS

Code the sponsor 'DP' on the SEPA screen and enter all of their income next to their name on UNIN, EAIN, and SEEI. TEAMS deems the available income to the eligible alien. See TANF 604-1.

STRIKER INCOME

If a required filing unit member is on strike, the family would not be eligible for TANF cash assistance.

SUBSIDIZED GUARDIANSHIP

Subsidized guardianship payments made for a child who is not included in the filing unit are excluded; Code child 'OU'. Code the income against the child. A caretaker relative cannot receive subsidized guardianship payments and TANF cash assistance for the same child for the same month.

SUPPORTIVE SERVICE PAYMENTS

Supportive services payments made to participants through the TANF cash assistance program are excluded from income; code 'OX'.

TEMPORARY DISABILITY INSURANCE

Income is countable to the extent it is not a reimbursement for specific costs and is paid directly to the household; code 'TD'.

EXAMPLE: Household is receiving payments of $50 directly from an insurance company to be used as chosen by the household for expenses. Even if the intent of the insurance company is for the beneficiary to use payments toward car rental or medical bills, the household is not required to do so. The $50 is countable, coded 'TD'.

TRUST FUNDS

Monies withdrawn from an inaccessible trust fund, unless otherwise excluded, are countable in the month received; code 'OT', if counted for all programs. It may be necessary to code the income using the 'OA', 'OM' and 'OF' codes if other programs are open.

Monies withdrawn from an accessible trust fund are excluded as income because an accessible trust fund is a countable resource. Money cannot be considered income and a resource in the same month. Code 'OX', if excluded for all programs.

Monies received and used for the care and maintenance of a third party beneficiary (adult or child) who is not a member of the trustee's filing unit are excluded as income for the trustee; code 'OX'. It is a best practice although it is not a requirement to list this income on TEAMS.

Dividends, unless otherwise excluded, that the household has the option of receiving as income or reinvesting in the trust are countable in the month they become available; code 'OT'.

UNEMPLOYMENT COMPENSATION

Unemployment compensation payments are countable; code 'UI'. Eligibility Case Managers should access MISTICS (Department of Labor and Industry) to verify unemployment benefits.

NOTE: If taxes or child support are taken out of the unemployment payment, count the gross amount before these deductions. When it is appropriate, allow the child support deduction on EXPE.

UNIFORM RELOCATION ASSISTANCE

Payments made under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 are excluded; code 'OX'. These payments include:

- Payments to individuals displaced as a result of the acquisition of real property.

- Relocation payments to a displaced homeowner toward the purchase of a replacement dwelling. Such payment may only be to a displaced owner who purchases and occupies a dwelling within one year following displacement.

- Replacement housing payments to a disabled person not eligible for a homeowner's payment as listed above.

- Payments or settlements to U.S. citizens of Japanese ancestry and resident Japanese aliens of up to $20,000 each and payments to certain eligible Aleuts of up to $12,000 each.

VENDOR PAYMENTS

An unearned payment made in money on behalf of a household is considered a vendor payment when an individual or organization, outside of the household, uses its own funds to make a direct payment to the household's creditors or to a person organization providing a service to the household. Most unearned vendor payments are excluded; code 'OX'.

Payments made by a government agency to a childcare provider for a household member's childcare expenses are also excluded as vendor payments. The dependent care deduction must be adjusted accordingly.

Some exceptions that are countable income are as follows:

- Money legally obligated or otherwise payable to the household but is diverted by the provider of the payment to a third party for a household expense;

- Money deducted or diverted from a court-ordered support or alimony payment to a third party for a household expense because the payment is taken from money which is owed to the household;

or

- All or part of a TANF cash assistance or Tribal TANF payment normally provided in a money payment to the household but is diverted to a third party or a protective payee for purposes such as managing the household's expenses.

VETERANS ADMINISTRATION

Payments from the Veterans Administration, retirement or disability payments are countable for all programs; code 'VA'. Also, see 'Military Allowances in this section.

See 'Settlements and Restitution' for 'Agent Orange', 'Spina Bifida', 'Disabled Children of Female Vietnam Veterans' and 'VA Aid and Attendance' for policy specific to those payments.

VETERANS AID AND ATTENDANCE

Payments from the Veterans Administration for Aid and Attendance are countable; code 'VA' 'AA'.

WEATHERIZATION

Federal, state or local one-time payments for weatherization and replacement or repair of heating or cooling devices are excluded.

WOMEN, INFANTS and CHILDREN (WIC)

The value of assistance to children under the Supplemental Food Program for Women, Infants and Children (WIC) is excluded and is not entered on TEAMS.

WORKER'S COMPENSATION

Workers' Compensation payments are countable; code 'WC'.

NOTE: If attorney fees are being taken from the Workers' Compensation bi-weekly payments, the gross amount is counted as income, as it is legally obligated and otherwise payable to the participant.

WORK SUPPORT PAYMENT

Work Support Payments are excluded for eligibility determination for Medicaid and Child Care. WSP is also excluded for **ongoing** Food Stamp cases.

SR

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Department of Public Health and Human Services	Section: INCOME
TANF CASH ASSISTANCE	Subject: Native American Income

Supersedes: TANF 501-2 (1/01/06)

References: ARM 37.78.102, .402, .415 and .416

► GENERAL RULE—All unearned income received by the household must be evaluated when determining eligibility. The sources of Native American income received must be determined in order to determine whether the income is countable or excluded according to numerous and varying public laws. Even if income will be excluded per policy, it **must** be listed on the TEAMS unearned income screen (UNIN). TEAMS case notes must be documented with a thorough explanation of why the income was excluded or counted. Examples of documentary evidence of income are listed in TANF 500.

The following is a list of unearned Native American income and how the income is to be recorded in the system.

For BIA general assistance see "Assistance payments" in TANF 501-1. For non-Native American lease or royalty income, see "Lease or royalty income" in TANF 501-1.

►NATIVE AMERICAN MONIES

Native American monies may be countable or excluded depending on the source and amount.

EXCLUDED SOURCES: (Code 'ID' on UNIN)

► 1. Payments of up to $2000 per individual per calendar year which are derived from leases or other uses of **individually-owned** trust or restricted lands. All payments received by an individual during the calendar year will be applied toward the $2000 exclusion, regardless of whether the individual was eligible or applying for TANF in the month of receipt.

► **NOTE:** Amounts in excess of $2000 per year are countable in the month(s) received (see "Countable Sources", below).

► 2. Interest earned on all Native American funds/resources.

► 3. Judgment claim payments to or under:

- Blackfeet, Gros Ventre and Assiniboine Tribes of Montana and Papago, Arizona Tribe (P.L. 97-408);

- Alaska Native Claims Settlement Act (P.L. 92-203);
- Navajo or Hopi Indians as financial or relocation assistance (P.L. 93-531, Section 22);
- Grand River Band of Ottawa Indians (P.L. 94-540);
- Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation by the Indian Claims Commission (P.L. 95-433);
- Passamaquoddy Tribe and Penobscot Nation pursuant to the Maine Indian Claims Settlement Act of 1980 (P.L. 96-420);
- Turtle Mountain Band of Chippewas (P.L. 97-403);
- Red Lake Band of Chippewa Indians (P.L. 98-123, Section 3);
- White Earth Band of Chippewa Indians in Minnesota (P.L. 99-264);
- Saginaw Chippewa Indian Tribe of Michigan (P.L. 99-346);
- Puyallup Tribe of Indians Settlement Act to members of the Puyallup Tribe in Washington (P.L. 101-41);
- Seneca Nation (P.L. 101-503, Section 8 (b));
- Grand Coulee Dam Settlement Act to the Confederated Tribes of the Colville Reservation (P.L. 103-436, Section 7 (b));
- Indian Child Welfare assistance (25 USCS 1931);
- Old Age Assistance Claim Settlement Act except for per capita payments in excess of $2000 (P.L. 98-500, Section 8);
- Seminole Nation of Oklahoma, Seminole Tribe of Florida, Miccosukee Tribe of Florida and independent Seminole Indians of Florida except for per capita payments in excess of $2000.

► 4. Payments derived from sub-marginal lands held in trust for the following tribes under P.L. 94-114:

- Assiniboine and Sioux Tribes;
- Blackfeet Tribe;
- Fort Belknap Indian Community;
- Crow Creek Sioux Tribe;
- Lower Brule Sioux Tribe;
- Devils Lake Sioux Tribe;
- Oglala Sioux Tribe;
- Rosebud Sioux Tribe;
- Shoshone-Bannock Tribes;
- Standing Rock Sioux Tribe.

- Bad River Band of the Lake Superior Tribe of Chippewa Indians of Wisconsin;
- Cherokee Nation of Oklahoma;
- Cheyenne River Sioux Tribe;
- Lac Courte Oreilles Bank of Lake Superior; Chippewa Indians;
- Keweenaw Bay Indian Community;
- Minnesota Chippewa Tribe;
- Navajo Tribe;

5. Per capita to enrolled members of the following tribes when distributed under:

P.L. 98-124, Section 5
- Assiniboine Tribe of the Fort Belknap Indian Community and Assiniboine Tribe of the Fort Peck Indian Reservation.

P.L. 99-146, Section 6 (b), Docket 18S and 18U
- Bad River Reservation;
- Lac du Flambeau Reservation;
- Lac Courte Oreilles Reservation;
- Sokaogon Chippewa Community;
- Red Cliff Reservation;
- St. Croix Reservation;
- Keweenaw Bay Indian Community;
- Fond du Lac Reservation;
- Grand Portage Reservation;
- Nett Lake Reservation;
- White Earth Reservation.

P.L. 99-146, Section 6 (b), Docket 18C and 18T
- Lac Courte Oreilles Band of the Lake Superior Bands of Chippewa Indians;
- Bad River Bank of the Lake Superior Tribe of Chippewa Indians of the Bad River Reservation;
- Sokaogon Chippewa Community of the Mole Lake Bank of Chippewa Indians;
- St. Croix Chippewa Indians of Wisconsin.

P.L. 99-377 Section 4 (b)
- Chippewa of the Mississippi

P.L. 94-189
- Sac and Fox Tribe of the Mississippi, Iowa and Oklahoma

P.L. 97-458, 93-134 and 98-64

- Any other per capita payments of up to $2000 per person, per payment, from funds held in trust by the Secretary of the Interior.

COUNTABLE SOURCES:

1. Amounts exceeding $2000 per individual, per calendar year received from leases or other uses of **individually-owned** trust or restricted lands. The amounts in excess of the $2000 exclusion should be coded 'OA' on the UNIN screen.

   All lease payments received by an individual during the calendar year apply toward the $2000 exclusion, regardless of whether the individual was applying for or receiving TANF in the month(s) of receipt. (See example below)

   NOTE: Code the amount up to and including $2000 as 'ID' on the UNIN screen as a running total for the calendar year.

   The best estimate of prospected income for the current year lease income dates and amounts may be based on the previous 12 months' lease income history if no significant change is expected.

   NOTE: When a significant change is expected within the next year, schedule the redetermination for the month prior to the month of the expected significant change. In the absence of an expected significant change, it is advisable to schedule redeterminations for December, in order to ensure that any previously anticipated income is removed from the case and a new $2000 exclusion 'count' is started.

   Amounts in excess of the $2000 per calendar year exclusion are countable in the month(s) of receipt.

   NOTE: The anticipated dates of receipt of future payments should be noted and system alerts set to contact the recipient and/or issuer to confirm anticipated dates and amounts in order to accurately determine monthly eligibility.

   When lease payments cannot be anticipated (such as when there is no history and no lease in place in advance), no income can be anticipated. Case note lack of history and no lease.

Example: Bonnie applies for TANF on November 10, 2007. She receives lease payments from individually-owned trust land and anticipates no significant changes to the payments. We would look at the previous 12 months (11/06 – 10/07) to prospect income for future months. However, we begin "tracking" the $2000 exclusion 01/01/07 (the first of the calendar year in which she is applying.)

In 2007, she has received the following:

January 2007	$311
May 2007	$311
October 2007	$311

These actual amounts received are "tracked" and count toward the $2000 calendar year exclusion. Based on this, at the time of application we have a total of $933 countable toward the $2000 exclusion. **$933 is coded 'ID' on the UNIN screen in TEAMS.**

To prospect future months we would look at what she received in the previous 12 months for November and December.

In November 2006 she received $1200 and in December 2006 she received $500. She does not anticipate a significant change, so these amounts are used to prospect future income.

November 2007	$1200
December 2007	$500

When adding the prospected $1200 to the running total of $933, the total is $2133. **$133 of that is countable since it exceeds the $2000 exclusion. This amount would be coded 'OA' on the UNIN screen for November 2007. The prospected $500 for December is also countable income and would be coded 'OA' on the UNIN screen for December 2007.**

COUNTABLE SOURCES CONTINUED:

► The following types of payment are also countable, but are not subject to the $2000 annual exclusion. These payments must always be coded in the month they are anticipated to be received:

2. Bureau of Indian Affairs (BIA) payments (TEAMS code 'OT' on UNIN);

► 3. Tribal payments not distributed per capita (TEAMS code 'OT' on UNIN);

NOTE: Crow Elders Payments (a.k.a. 107th Meridian Settlement) are tribal payments.

► 4. Tribally managed gaming revenues distributed per capita (P.L. 98-64) (TEAMS code 'OT' on UNIN);

NOTE: Gaming revenues are not held in trust by the Secretary of the Interior/BIA.

5. Farm and grazing income from land other than trust or restricted land (TEAMS code 'LE' on UNIN);

6. Oil and gas royalties income from land other than trust or restricted land (TEAMS code 'RO' on UNIN); and

7. Transfers of countable monies from other Native American agencies.

NOTE: Some of the above may be excluded under another provision such as irregular/infrequent income.

►RETAINING STATUS

Income that was countable when received is countable as a resource to the extent the money is retained into future months. Income that was excluded when received retains that exclusion as a resource when retained into future months.

Excluded funds (including the $2000 per individual exclusions) can accumulate in an account and the total amount of the excluded funds would remain excluded, regardless of how long the funds remain in the account. For example, an individual receives $2300 per year in lease income from individually owned trust lands. The first $2000 per year is excluded. The individual could retain three years' (or more) of this income (total $6900) in his/her account and in this example, $6000 would be excluded, as it was excluded when received. The remaining $900 wou

be countable toward the resource limit. There is no limit to the length of time an individual can retain excluded funds, or the length of time excluded funds remain excluded. They retain exclusion status as long as they are clearly identifiable

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Department of Public Health and Human Services	Section: INCOME
TANF CASH ASSISTANCE	Subject: Earned Income

Supersedes: TANF 502-1, (07/01/05)

Reference: ARM 37.78.102, .402, .415 and .416

GENERAL RULE–All earned income received by the filing unit is considered when determining eligibility for all public assistance programs. All earned income, whether countable or excluded according to policy, is entered and coded appropriately on the TEAMS EAIN and/or SEEI screens.

➤ACCELERATED EMPLOYMENT SERVICES

Wages received from the employer during the training period are countable for TANF. Allow the appropriate earned income disregards. If a bonus is received, it is considered a non-recurring lump sum and is excluded.

NOTE: The participant is eligible for TANF supportive services during this training program until the earnings result in closure of the TANF case. AES supportive services will be available following the TANF closure.

ADVANCES ON WAGES

Advanced wages are countable in the month received when the advance is anticipated; code 'OT' or 'WA'.

NOTE: The amount withheld out of subsequent paychecks to repay the advance is excluded income, even if the advance was not counted when it was received.

AMERICORPS

Payments are excluded when the payments are from AmeriCorps *VISTA; code 'OX'. See 'VISTA' in this section.

ATTENDANT CARE PAYMENT

Attendant care payments paid by an outside source to the attendant care provider for a disabled/elderly household filing unit member are earned income. Attendant care payments paid from the outside source to the disabled/elderly household member receiving the care is an excluded reimbursement and countable earned income to the attendant care provider; code 'WA'. The payment is not counted twice.

BONUS PAY

Bonus pay (e.g., received every Christmas, quarterly, annually, etc.) is countable earned income. When prospecting bonus pay, the Eligibility Case Manager considers how often the bonus is received and whether the household member is still employed. Set an alert to change this income for the appropriate time frame.

COMMISSION

Commission is considered countable earned income in the month it is received, if it can be prospected.

CONTRACTUAL INCOME

Income received from an employment contract is averaged over the period of the contract.

EXAMPLE: A teacher's 12-month contract is paid in nine monthly payments; the income is averaged over 12 months. The income is averaged over 9 months if the contract is for 9 months, even if the income represents the household's only annual income.

DISPLACED HOMEMAKER

Montana currently manages TWO displaced homemaker programs.

1. The State Displaced Homemaker program that is funded entirely through state general fund. This program is administered by the Statewide Workforce Programs Bureau, in the Department of Labor and Industry. The income received from this program is considered countable earned income coded 'WA'.

2. The WIA Displaced Homemaker program may be funded either through the WIA Title IB Adult program or WIA Title IB Dislocated Worker program depending on the definition and criteria the individual meets. See WIA for the treatment of earnings from this program.

An individual may be concurrently or dually enrolled in the State funded Displaced Homemaker AND in the WIA Title IB Adult program as well, but the funding stream is kept separate to track what is spent in the State program and what is spent through WIA.

DOMESTIC VOLUNTEER SERVICE ACT

The following payments to volunteers are excluded; code 'OX'.

1. Title II Retired Senior Volunteer Program (RSVP) and Foster Grandparents.

► 2. Foster Grandparent Program payments for reimbursement or advance of travel expenses or for supportive services.

2. Title III Service Corps of Retired Executives (SCORE), Senior Companion Program and Active Corps of Executives (ACE).

EARNED INCOME of CHILDREN

Code 'OX' if excluded for all programs;
Code 'DC' if only counted for SSI-MA;
Code 'CH' if countable for all programs.

Earned income of a dependent child (18 or younger) attending elementary or high school is excluded; earnings are countable when the dependent child is not attending school.

NOTE: Any attendance at elementary or high school (including home schooling) qualifies a child as a student and wages are excluded earned income.

EARNED INCOME TAX CREDIT

Earned income tax credit payments received as advance payments or as a refund are excluded earned income; code 'EI'.

GARNISHMENTS DEDUCTED from WAGES

Garnishments deducted from wages for a debt except for previous advance on wages are countable earned income; code 'WA'. See a "Advances on Wages" in this section.

NOTE: The amount of garnishment is an allowable expense if the garnishment is due to a legally obligated child support debt. See TANF 602-1.

GOVERNMENT TRAINING ALLOWANCES

Find the specific funding source of the government training allowance to determine whether the income is earned or unearned and countable or excluded.

Reimbursements are excluded income; code 'TR' if excluded for all programs.

IN-KIND INCOME

See 'Bartering' in Section 503-1 for policy regarding in-kind services exchanged between two or more self-employment businesses.

The countable value of **earned** in-kind income is the current value of services provided in the form of food or shelter; code 'IK'.

NOTE: The TANF cash assistance Net Monthly Income (NMI) standard for a household of ***one*** is used as the value for the entire household when the value of the shelter provided cannot be determined by any other means. Also, the Food Stamp Thrifty Food Plan is used according to the household size to determine the value if the value of the food provided cannot be determined by any other means.

Unearned in-kind is excluded. However, any unearned in-kind must be evaluated to determine if it should be considered a countable contribution (see TANF 501-1).

IRREGULAR INCOME

Any amount of income that is reasonably anticipated to be received is counted; code 'OA'.

JURY DUTY

The Eligibility Case Manager evaluates how individuals on jury duty are compensated to determine whether the jury duty payment is countable or excluded earned income.

EXAMPLE of COUNTABLE: When the jury duty is paid over a time period of several days or weeks at a specific amount (e.g., $15 per day) and can be anticipated, the payment is countable earned income; code 'OT'.

EXAMPLES of EXCLUDED:

1. The individual verifies the payment was given to their employer.
2. The jury pay meets the definition of a reimbursement in section 501-1.

Jury duty payments that are excluded earned income for all programs are coded 'OX'.

LUMP SUM PAYMENTS

Nonrecurring lump payments are excluded as income.

NOTE: See section 402-1 for resource considerations.

Examples of lump sum payments are:

- Severance pay or sick leave. See sections 501-1 and 502-1.
- Rebates or credit refunds.
- Crop insurance proceeds. See section 503-1.

MILITARY BASIC ALLOWANCE for HOUSING (BAH)

The Basic Allowance for Housing (BAH) is one monthly payment, replacing the Variable Housing Allowance, (VHA) and Basic Allowance for Quarters (BAQ). Also, refer to sections 'Military Allowances' and 'Veterans Administration' in Section 501-1.

BAH (BAQ or VHA) is considered countable **unearned** income; 'MI' on TEAMS UNIN. When FS are also open, codes 'OM' and 'OA' are used on UNIN to exclude the income for FS.

MILITARY PAY

Military pay is countable income if earned; code 'WA'. See section 501-1 for 'Veterans Administration' and 'Military Allowances.'

OLDER AMERICANS ACT

Projects funded under Title V of the Older Americans Act of 1987 include:

1. Experience Works AKA Green Thumb;
2. Forest Service;
3. American Association of Retired People (AARP);
4. National Council on Aging;
5. National Council of Senior Citizens.

Payments from these projects are countable earned income; code 'OA'.

PLAN for ACHIEVING SELF-SUPPORT (PASS)

Any money diverted from an individual's income to a PASS account is excluded during the period covered by the PASS contract; code 'OX'.

ROYALTY INCOME

Definition of Royalties: Royalties include compensation paid to the owner for the use of property. This is usually copyrighted material such as books, music, etc. or natural resources such as mineral, oil, gravel or timber, etc.

The only earned royalties are those derived from a self-employment business enterprise. See sections 503-1 and 501-1 for self-employment and unearned royalties.

SALE OF BLOOD

Gross income from the sale of blood or blood plasma is countable earned income for all programs; code 'OT'.

SEVERANCE PAY

Severance pay is countable earned income in the month received; code 'OA'.

NOTE: When severance pay is received in a lump sum, it is excluded; code 'LS'.

SICK LEAVE/ VACATION PAY

Sick leave or vacation pay received while still employed is countable earned income; code 'WA'. Vacation pay received after employment termination is treated as severance pay.

Sick leave pay received after employment termination is countable earned income in the month received; code 'OA'.

NOTE: When sick leave is received in a lump sum, it is excluded; code 'LS'.

TIPS

Tips are countable; code 'TI'. Acceptable verification of tips may include the following: participant's daily log, pay stubs, or an employer statement.

Verification varies depending on how the tips are reported, shown on wage stubs, and are paid.

VENDOR PAYMENTS

Earned vendor payments are countable or excluded depending on the circumstances. Also, see section 501-1 'Vendor Payments' to evaluate whether the payments are countable or excluded.

COUNTABLE: Money legally obligated or otherwise payable to the household as earnings but is diverted to a third party for a household expense, is considered countable earned income; code 'OT'.

EXAMPLE: A household member works and is entitled to earnings of $500. The employer garnishes or diverts $200 of the earnings to the employee's landlord for rent and pays the employee the remaining $300. The $300 paid to the household and the $200 payments to the landlord are countable earned income. The entire $500 is coded 'WA'.

VISTA and/or "AMERICORPS *VISTA"

VISTA (Volunteers in Service to America under Title I of the Domestic Volunteer Services Act of 1973) is excluded earned income.

WAGES from EMPLOYMENT

Gross wages are defined as wages before taxes, insurance, etc., are deducted. Gross income includes salary and commission earnings and is countable earned income; code 'WA'.

NOTE: Earned Income of an SSI **1619B** eligible individual is **excluded** in determining the TANF grant. See 501-1, pg. 2, 'assistance programs' for additional clarification.

WORK STUDY

All educational income, including work study, is excluded. Code 'WS' if excluded for all programs.

WORKFORCE INVESTMENT ACT (WIA)

The Workforce Investment Act (WIA) replaced Job Training Partnership Act (JTPA). The TEAMS WIA codes are:

WIA - Work Experience; code 'WX' excluded for all programs.

WIA - OJT; code 'JE' if excluded for all programs.

WIA - OJT; code 'JA' if countable for FS and excluded for all other programs.

Work Experience (WEX) wages paid to the participant by the sponsoring WIA agency are excluded earned income; code 'WX'.

WIA On-the-Job-Training (OJT) wages paid to the participant by the employer are excluded earned income; code 'JE' if excluded for FS and 'JA' if countable for FS.

SR ΦΦΦ

Department of Public Health and Human Services	Section: INCOME
TANF CASH ASSISTANCE	Subject: Self-Employment Income

Supersedes: TANF 503-1 (07/01/06)

References: ARM 37.78.102, .402, .415 and .416

GENERAL RULE--Net earnings from self-employment must be counted when determining eligibility. Net earnings from self-employment (NESE) are calculated differently for each program, so it is important to review the appropriate policy manuals.

DEFINITION OF SELF-EMPLOYMENT

Self-employment is the act of engaging in a trade or business. A trade or business is generally an activity carried on for a livelihood or in good faith to make a profit. So long as a profit motive exists, an individual does not have to make a profit to be in a trade or business. The individual may be a contractor, franchise holder, owner/operator, partner, etc. They must meet the following criteria to be considered self-employed:

1. They earn their income directly from their business or trade, not from wages or salary from an employer;

2. They are responsible for the payment of their entire Social Security and Federal withholding taxes;

3. They do not have an employee/employer relationship with another individual and the services s/he performs cannot be controlled by an employer (such as setting the job schedule, etc.);

4. They *should* file self-employment tax forms (Schedule F, C, C-EZ, SE, Form 1065, etc.). However, not all individuals file tax forms and some may file incorrectly; and

▶ 5. They "materially participate" in the production of the income in that their direct activities, such as physical labor, production of a product (such as a computer program, research document or a building), decision-making, etc. cause the income to be produced. When an individual materially participates in a self-employment business, the income generated is directly affected by the number of hours the individual works.

▶ **NOTE:** When an applicant/participant claims to be self-employed, but has not filed income tax, other indications of a self-employment business include a business license, evidence of regular, sustained and on-going business activities, regular financial transactions in the business name, periodic

advertising, account (bank accounts, charge accounts) in the business name, and registration of the business with the Secretary of State.

SELF-EMPLOYMENT STRUCTURES

There may be many types of self-employment structures. Some of the most common structures are:

1. Sole Proprietorship: A self-employment business that is not incorporated and has one or two owners. The business income and liabilities are responsibilities of the one or two owners. (Limited liability companies—LLCs—are not sole proprietorships.)

2. Partnership: A self-employment business that is set up with two or more partners. In addition to personal income tax forms, partnerships are also required to file 1065 and K-1 forms. The business income and liabilities are the responsibility of all the partners, with the partnership defining shares of ownership and responsibility. Partnership income is determined in the same way as other self-employment. (Limited liability companies and limited partnerships do not meet this definition.)

3. Independent Contractor: An individual who pays his or her own employment taxes and does not have an employee/ employer relationship is considered self-employed. Independent contractors should be registered with the State through the Department of Labor and Industry.

4. Sharecropper: If the sharecropper pays the costs of doing business and receives a portion of the net income in exchange for his/her labor, s/he is considered self-employed. However, if the sharecropper is not responsible for paying the costs of doing business, s/he is not considered self-employed.

CORPORATIONS

Individuals often incorporate their self-employment enterprises for various reasons. Because the business was originally self-employment, and the individuals may be the sole owners of the corporate stock, people with these arrangements often view the business as their self-employment. Incorporated businesses are not, however, self-employment enterprises. Therefore, property owned by a corporation and the corporate stock cannot be excluded as necessary for self-employment or necessary for self-support. Income earned from a corporation is not considered self-employment income. Income received by an individual who works for the corporation is considered countable wages.

NOTE: Although wages paid to corporate officers are considered wages, fees paid to corporate directors are considered self-employment earnings.

Any corporate income reported on Schedule E, Line 31 as income received from a corporation must be annualized and used as countable unearned income even if the household did not receive the money.

▶ Any loss reported on Schedule E, Line 32, as loss received from a corporation is not used in any budget calculation.

▶ Limited liability companies (LLCs) and limited partnerships are treated like corporations for eligibility purposes, regardless of what tax documents may be filed with the IRS. Income other than "guaranteed salaries" received from a limited liability company or partnership is unearned income. No income from an LLC or limited partnership is NESE.

▶ACTIVITIES THAT ARE NOT SELF-EMPLOYMENT

The following income is not considered self-employment. These are unearned income sources and are coded on the UNIN screen:

▶ 1. Rental self-employment income and rental partnership income where the individual is not materially participating in the business at least 20 hours per week or is not reporting the income as self-employment on Schedule C or F of their federal tax return (instead, passive rental income is often filed on Schedule E) (See 501-1);

2. Contract for deed income (See 501-1);

3. Boarder income, in some instances (see Boarders heading); or

▶ 4. Income received by a non-participating investment partner in a business (also known as a "silent partner".)

▶ The above types of income are known as passive income.

RESOURCES

Property that is essential to self-employment, is excluded as a resource.

See the following titles in the Resource Section of this manual for **possible** exclusion of some items as resources:

- Property Essential for Self-employment (TANF 402-1)
- Income Producing Property (TANF 402-1)
- Business Checking Accounts (TANF 402-1)
- Loans (TANF 402-1)
- Vehicles (TANF 403-1)

INCOME EXCLUSIONS

Exclude the following:

1. Federal gasoline tax credit;
2. State gas tax;
3. Disaster payments (see TANF 501-1); and
4. Crop insurance payments.

PATRONAGE DIVIDENDS

Patronage dividends paid to a self-employment enterprise are countable as part of self-employment income as a whole, even if paid in stock. Resources that have been prorated as income are excluded as resources during the period over which they are prorated as income. (See 402-1, "Resources Prorated as Income".)

AGRICULTURAL STABILIZATION & CONSERVATION SERVICES (ASCS)

Cash payments are counted as earned self-employment income. These include but are not limited to, Commodity Credit Corporation, acreage reduction and conservation payments and other one-time or installment payments made to farmers for crop or other losses unrelated to a presidentially declared disaster. If the payment is due to a presidentially declared disaster it is excluded as both income and a resource due to the Disaster Relief Act.

►CANCELED DEBT

Canceled debt is used in determination of net earnings from self-employment if included on tax forms. Do not routinely question information on tax forms unless an amount seems unreasonable.

CAPITAL GAINS CAPITAL LOSSES

Capital gains are increases in the value of property between the time purchased and the time sold. Capital losses are decreases in the value of property between the time purchased and the time sold. For self-employment businesses, depreciation plays a role in determining whether capital gains/losses occur. Capital gains/ losses are normally determined at the time property is sold.

Capital gains from the sale of self-employment property must be annualized as part of the net earnings from self-employment regardless of whether paid in a lump sum or in installments. Capital gains will only be included in prospected self-employment income if capital gains are received or expected to be received prospectively for next year.

Capital losses are not used in any self-employment income determination. They are not considered business expenses or deductions.

►IN-KIND INCOME & BARTERING

If the self-employment business (including a farm) provides all or part of a household's shelter and/or food, this may be earned or unearned in-kind support and maintenance, valued using the FMA NMI standard for a household of one for shelter and the Food Stamp Thrifty Food Plan

based on the household size for any food provided (see in-kind in FMA 502-1). This in-kind income may be earned or unearned, depending on if it is being provided to the individual who is self-employed (in which case it is earned) or to other household member(s) who do not work for the business (in which case it is unearned). If food and/or shelter is provided to an entire household, the value must be assigned as in-kind income among the household members.

Bartering is considered in-kind services exchanged between two self-employed businesses, such as an exchange of storage space for furnace repair. The goods or services received in a bartering situation must be evaluated to determine whether they meet the requirements as countable income.

ALLOWABLE EXPENSES

Allowable expenses are excluded from self-employment income. Most costs of doing business are allowable expenses and may be accepted as listed on the income tax forms with few exceptions. Expenses must be current, not due from a previous fiscal period, and are only allowed when paid.

► **NOTE:** When anticipating self-employment income for a new business or significant change, expenses expected to be due and payable in the prospective period may be anticipated to offset the anticipated income.

► Some self-employed individuals do not claim all expenses on their Schedule C in order to qualify for Earned Income Tax Credit. The allowable expenses that are not shown on the Schedule C can be verified by the applicant/recipient and should be used in determining accurate self-employment earnings.

Examples of allowable expenses include: labor paid to non-household members (individuals not included in the filing unit), materials, seeds, supplies, plants, fertilizer, interest payments on business loans, business portion of home property or expense, repairs, etc.

NOTE: Supplies include small tools, paper, pencils, scissors, oil, gas, envelopes, shampoo, hairbrushes, crayons/coloring books, etc. Supplies are generally described as objects that will normally be used up or consumed in service.

► Transportation costs for doing business may be allowed. However, the cost of commuting to the business from home is not allowed. Mileage expense is allowed at the **Federal expense rate**.

DEPENDENT CARE BUSINESS EXPENSES (Cost of meals)

Household's deriving income from dependent care, such as providing day care for children, elderly, or disabled individuals, may elect one of the following methods to determine the cost of meals provided to the individuals:

1. Actual documented meals.
2. A standard per day amount based on estimated meal costs.
3. Current reimbursement amounts used in the Child and Adult Care Food Program.

NON-ALLOWABLE EXPENSES

Non-allowable expenses must be added back into the self- employment income if income tax forms are used, or not allowed as a deduction in the monthly calculation of self-employment income.

The following are examples of non-allowable expenses:

1. Purchase costs of capital assets and durable goods, even if the capital asset or durable good is not set up on a depreciation schedule. Capital assets and durable goods are objects used in business that are expected to last a long time, such as farm machinery, equipment, swing sets, buildings, computers, cribs, VCR's, furniture, high chairs, tricycles, vehicles, hair dryers, etc. ► All items purchased for a business prior to the opening of the business are capital expenses;

2. Repayment of loan principal (since the loan was never considered income); however, the interest payment on business loans may be deducted;

3. Federal, state, and local income taxes;

4. Depreciation, which is added back into income when it is used as a deduction from self-employment income. Self-employment forms must be reviewed to ensure that all depreciation expenses are captured. Common examples are: Schedule C, line 13; Schedule C-EZ, line 2; Schedule E, line 20; Schedule F, line 16; Form 8829, line 28; Form 1065 - 16a; or any income forms attached to the 1065, like Schedule F;

5. Social Security taxes;

6. Meal and entertainment costs; and

7. ► Transportation to and from work.

SELF-EMPLOYMENT CONNECTED TO HOME (E.G. FARM EXPENSES)

When a household's home is on property connected to the property used for farming or another self-employment business enterprise, the Eligibility Case Manager must determine if the shelter costs (e.g., rent or mortgage) and the self-self employment costs can be separately identified.

If necessary, the Eligibility Case Manager is required to determine a breakdown of farm (business) expenses from personal home shelter expenses by using:

1. Household's calculation of breakdown.

   NOTE: The 'Farm Self-Employment Questionnaire' (DPHHS-HCS-516) can be used as a tool to determine if the household included any personal shelter expenses with their farm deductions

2. Income tax form breakdown. OR,

   NOTE: If the household presents self-employment tax records (Schedule F), do not question the shelter deductions (utilities, insurance, interest, etc.) included on those documents.

3. Verifications submitted by the household (i.e., tax verifications [Ag/Nag]; loan papers indicating cost of farm land, buildings, equipment, etc. versus cost for house/garage/personal equipment; insurance policy breakdowns of cost of premiums for farm and personal home costs; etc.).

If a self-employed individual cannot (or will not) provide proof of his separate business and personal shelter expenses, no questionable expenses will be allowed in calculating his self-employment income.

IN-HOME BUSINESS EXPENSE

When the self-employment enterprise is conducted in the participant's home and the household wishes to claim a portion of the shelter expense as a business deduction, the Eligibility Case Manager must separate business expenses from personal home expenses. The portion of the home that is used on an exclusive basis for a business is allowed as a business expense. However, the household is not required to use the business portion as a business deduction.

The following criteria must be met to use home shelter costs as a business expense:

1. A substantial amount of time must be spent doing business in the home (not occasionally).

If the in-home business is NOT related to dependent care, the business must also meet one of the following two conditions.

2. An allowance for space regularly used for inventory storage may be allowed if the space is identifiable and only used for self-employment; ***or***,

3. The portion of the home must be used on an exclusive basis (the space allocated to the business must be used only for the business).

NOTE: The portion of the home cannot be used only for administrative work (Example: If the majority of the income is made outside of the home and the home is not needed for storage purposes, no separation of expenses is allowed).

With the applicant/recipient's agreement, the Eligibility Case Manager will determine the usage of home for business purposes by:

1. The household's calculation of use.

NOTE: The 'Self-Employment Questionnaire' (DPHHS-HCS-518) may be used as a tool for businesses other than farming or dependent care. The "Self-Employment Questionnaire for Dependent Care Providers" (DPHHS-HCS-517) may be used as a tool for dependent care providers.

2. Form 8829 percentage (only if the business and personal home costs are separated on this form);

3. The ratio of business square footage to square footage of the entire home; or,

4. The 'Dependent Care Usage Chart' (for dependent care businesses only) at the end of this section.

▶ Do not question the separation of business and home expenses on the income tax forms unless there is a question about the accuracy of the information, such as in a case where the household's entire shelter expense is deducted as a business expense. If this occurs, the amounts may be recalculated as directed above, or the eligibility case manager may agree with the applicant/recipient to assign the value of the shelter as in-kind income to the household. (See in-kind income in this section as well as in TANF 502-1)

BUDGETING

Most self-employment budgets will be annualized (see TANF 601-1).

Self-employment income intended to support the household on an annual basis is annualized. Temporary or seasonal self-employment income or when a business is not in operation for an entire year means the income does not represent annual support, and would be averaged over the period it is intended to cover.

The following self-employment incomes are always annualized regardless of whether or not the income is intended to support the household on an annual basis:

1. Farm income; and,

2. Self-employment income received less often than monthly (i.e., income received quarterly, bi-monthly, annually, etc.).

EXAMPLES:

#1 Joe is a self-employed logger. He does not work during the spring due to "spring break-up" (cannot log due to mud). His yearly income will be annualized even though he only works nine months per year as his self-employment represents his intended support to the household. Self-employment will count as earned income even in the months that Joe is not working.

#2 A vendor who works only in the summer and supplements his income from other sources during the rest of the year would have his self-employment income averaged over the summer months only.

When self-employment income is annualized, the expenses must also be annualized. Expenses are counted when paid, not when billed.

If the self-employment income is annualized, income tax forms should be used to determine income (when available). The most current tax forms must be used unless there is a substantial change in business or income. Income must be annualized whether or not tax forms reflect current income and whether or not they are available. Other documentation must be used to determine annualized income.

Some examples of "substantial increase or decrease in business" are:

1. Termination of, or starting a new self-employment enterprise, such as changing from a grain and cattle operation to a cattle operation;

2. Significant increase in or reduction of operation, such as adding or reducing a quarter of crop land, or significantly increasing or decreasing a store's operation and inventory; and

3. Natural disasters such as hail or drought. Normal year-to-year fluctuation in market prices would not be considered to be substantial increases or decreases. However, abnormal changes may be considered. For instance, if the price of wheat is normally $2 to $4 per bushel, a reasonably anticipated change to $6 or $1 would be considered a substantial change once the crop is sold and this new income information would then be used.

EXAMPLE: A day care provider has submitted her last year's taxes that reflect $12,000 self-employment income earned from providing care for five children; however, in the next year she expects to provide care for only three children. Her anticipated day care income should be annualized. She now expects to earn a net income of $9,000 in the next year, so her projected monthly countable self-employment income would be $750 ($9000 ÷ 12). This projected income would be used even though she might expect her actual monthly income to vary over the next year (i.e., some months her actual income would be $900 and some months it might be $600).

NEW BUSINESS

If a new business, the income must be averaged using the income and expenses from the months the business has been in operation until 12 months have been reached. If there is no reliable history of income or expenses to average, the Eligibility Case Manager must negotiate a projection of the anticipated monthly income and expenses with the applicant.

Example: Jane starts a massage business in June. When she reports the new business in June, she and her eligibility case manager will discuss her anticipated income and expenses for July and August and anticipate an income amount for those months (or perhaps some other short representative time period). Jane will be reminded that any changes in her business income will require her to report a change. A system alert will be set for August to check in with Jane regarding her income to that point. At that time, her June through August income and expenses will be calculated and divided by 3 (unless the business started late in June, in which case June may be disregarded in the anticipation calculation). Jane would periodically continue to provide updated information until the following July, at which point

there would be a full 12-month period upon which to base the income anticipation.

RENTAL INCOME

Depending on how active an individual is in managing rental property, the income can be considered either earned self-employment (SEEI) or unearned income (UNIN). Regardless of this designation, the cost of doing business is deducted from the gross income to determine net countable income for benefit calculation.

▶ Refer to information under the "Activities that Are Not Self-Employment" caption earlier in this manual section for explanation of how to determine whether rental income is earned or unearned on a case-by-case basis.

If the income is determined to be unearned, the countable income calculation must be done manually using gross income minus the allowable expenses. (See 'Allowable Expenses' caption earlier in this section).

Enter the countable amount on UNIN as 'RE'. (See also "Income Producing Property" in 402-1 for resource information.)

Document in TEAMS case notes whether the income is being counted as unearned income (UNIN) or earned self-employment (SEEI) and how the expenses and income were derived.

ROOMERS

A roomer is an individual living with a household and paying for lodging but not meals. Use guidelines under the caption "Earned VS. Unearned" earlier in this section to determine whether the contribution is considered earned or unearned income.

Payments received from roomers will normally be considered unearned contributions to the household.

Do not allow expenses against the contributions unless the roomer situation meets the definition of earned income, in which case it is treated as self-employment.

▶ Payments received from roomers will be offset by a pro rata share of the housing expenses based on the number of rooms rented compared to the number of rooms in the entire residence (excluding bathrooms and attics/basements unless they have been converted into living space).

BOARDERS

Treat commercial boarding houses (businesses established as commercial enterprises which offer meals and lodging for compensation with the intent to make a profit) according to the general provisions of

regular self-employment, rather than according to information provided below.

Boarders are individuals to whom a household furnishes lodging and meals. Foster children are not considered boarders.

When a boarding situation is not related to a commercial boarding house, the income is determined according to the following provisions for each program.

► Income from boarders includes all direct payments to the household including contributions for meals and shelter. In determining the amount of countable income received from the boarder, exclude the household's costs of providing room and meals to the boarder (allowable expenses).

► The household may choose one of the following methods to determine the business expenses:

► 1. The actual documented allowable expenses related to providing room and meals, including a pro rata share of food, utilities, etc., or

► 2. The amounts allowed when determining in-kind income for food and/or shelter (see in-kind in TANF 502-1).

►INCOME/LOSSES Verified self-employment losses (not corporation losses) are deducted from other self-employment gains (earned or unearned). A case note should be entered regarding the self-employment losses.

Losses from corporations are not used to offset any other income.

BANKRUPTCY If bankruptcy is filed, the projected monthly self-employment income continues to be used unless the household states the business will have substantial change (TANF 503-1, "Change Reporting") in income and expenses. This statement would be verified with a statement from the bankruptcy trustee regarding the debt reorganization plan concerning the anticipated gross income and expenses.

► The income will continue to be projected to the end of the business' fiscal year (unless the self-employed person has died), although the amount projected may change.

NOTE: If the household reports that the self-employment enterprise has ended, the monthly self-employment income is no longer projected.

The self-employment income continues to count even if diverted to a bank or other source. If the self-employment income goes to a trustee, and the household receives a living allowance, the entire self-employment income continues to be budgeted and no deduction is allowed for the trustee or conservator's fees.

NOTE: The living allowance is not counted as income because it is derived from the self-employment income already being counted.

If the equipment/land is repossessed or the title is given to the lender, the property is the legal property of the lender and sale of the property is not considered income. However, if the title remains in the household's name and the lender arranges the sale, the property belongs to the household and the amount is counted in the following way depending on the program involved:

Count as income if received as periodic payments or as a resource if received in a lump sum.

If the lender forgives or writes off a loan, the amount forgiven or written off is not considered income.

CHANGE REPORTING

A participant is required to report substantial changes in income or the business within 10 days of knowledge.

A substantial change could be:

1. Crop failure or flood.
2. Substantial market price increase or decrease.
3. More or less land farmed.
4. Change in operation (from livestock to crops, or dairy to sheep).
5. More or less children in a dependent care business, etc.

A change in the amount of net income is substantial if the change will result in a difference of $25/month or more to the prorated monthly net self-employment income for the entire period in which the income is countable.

Participants are also required to report changes in the source of income such as if a participant stopped actively farming and is renting out their land.

If the household anticipates a substantial change, the Eligibility Case Manager may choose to shorten the redetermination period to allow closer monitoring of the effect of the reported change.

If there is no substantial change in operation or income and the source of income hasn't changed, but the household turns in the new income tax forms prior to redetermination, the Eligibility Case Manager must recalculate the self-employment income based on the new tax forms. This is because all reported changes must be acted upon. Timely and/or adequate notice (whichever applies) for all adverse actions must be provided.

► Example: Redetermination is due in August. However, the household submits tax forms on February 10. The tax forms must be used to re- annualize self-employment income for March benefits. At the redetermination in August, the income will continue based on the current tax forms unless a change is reported prior to or at the redetermination. The Eligibility Case Manager may want to consider setting future redetermination due dates for February or March of each year.

►REDETER-MINATIONS

Eligibility for participation will be continuous after the initial determination of eligibility and benefits. Except for scheduled redeterminations, benefits and eligibility will be redetermined based on change reports. See section 1502-1 for specific redetermination requirements.

The redetermination period should be determined based on the period of time the self-employment income was intended to cover but not longer than 12 months from date of application or last redetermination. The Eligibility Case Manager may choose to set redetermination dates (within the above criteria) to coincide with events such as the yearly sale of crops or the filing of income tax.

►EXAMPLE

Susan is self-employed as a day care provider. She is licensed as a family day care home and her husband, Jake, participates in the self-employment activities as a childcare worker. In 2007, Susan and Jake cared for 12 children per month in their home, and she has provided her 2007 income tax return, showing gross earnings of $36,000 and allowable expenses of $18,000. Susan anticipates the same for 2008. Susan states that the housing costs itemized on her 2007 Schedule C are for the pro rata share of her home that is used exclusively for day care activities.

TEAMS Processing: Code the income, hours and appropriate verification code on SEEI (income code is 'OT' for this example). Press enter to display the SEEW work screen. Enter the gross amount of income, using an 'I' code and the expenses using an 'E' code on the SEEW screen. SHARE will be 100(%), and 'AF PRD' (whether the case is applying for Family Medicaid or TANF Cash Assistance) will be set at 012 (months) to annualize the income. FS PRD, MA PRD, QM PRD, SL PRD and CC

PRD will all be set to "000". 'Enter' is pressed and SEEW calculates NESE monthly amount as $1500. Print the SEEW screen. 'Enter' again and the system returns to SEEI and $1500 will be shown under 'MTH ADJ GRS'.

►COMBINED CASE PROCESSING

Cases including a combination of programs that do not use the same policies for determining the net self-employment income (in this example, Food Stamps and ABD-MA) are worked as if they were separate sources of income on the SEEI screen. The income would be coded for each program on SEEW as follows: if the income is being determined for Food Stamps, the FS PRD is set at '012' (or other period of intended use as appropriate for the situation), and AF PRD, MA PRD, QM PRD, SL PRD and CC PRD would be set at '000'. Once the system returns to SEEI with an income showing in the PGM row for FS, the 'MORE INCOME' indicator at the bottom of SEEI would be set to 'Y', and a new SEEI screen would be completed to access a new SEEW screen, on which the MA PRD would be set at '012' (also the QM PRD and/or SL PRD should be set to '012'), and the FS PRD and AF PRD would be set to '000'.

DEPENDENT CARE HOME USAGE CHARTS

The following charts can be used as guidance in determining percentage of shelter expenses allowable as business expenses and personal shelter expenses.

Hours/Month of Child Care in the Home	Percentage of Business Usage for Shelter
1 - 100	10%
101 - 150	17%
151 - 215	25%
216 - 301	35%
302 - 387	48%
388 - 495	60%
496 - 581	75%

Conversion of Weekly Hours to Monthly Hours					
10 hours/week	=	43 hours/month	75 hours/week	=	323 hours/month
15 hours/week	=	65 hours/month	80 hours/week	=	344 hours/month
20 hours/week	=	86 hours/month	85 hours/week	=	366 hours/month
25 hours/week	=	108 hours/month	90 hours/week	=	387 hours/month
30 hours/week	=	129 hours/month	95 hours/week	=	409 hours/month
35 hours/week	=	151 hours/month	100 hours/week	=	433 hours/month
40 hours/week	=	172 hours/month	105 hours/week	=	452 hours/month
45 hours/week	=	194 hours/month	110 hours/week	=	473 hours/month
50 hours/week	=	215 hours/month	115 hours/week	=	495 hours/month
55 hours/week	=	237 hours/month	120 hours/week	=	516 hours/month
60 hours/week	=	258 hours/month	125 hours/week	=	538 hours/month
65 hours/week	=	280 hours/month	130 hours/week	=	559 hours/month
70 hours/week	=	301 hours/month	135 hours/week	=	581 hours/month

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Department of Public Health and Human Services	SECTION: ELIGIBILITY & BENEFIT DETERMINATION
TANF CASH ASSISTANCE	SUBJECT: Prospective Budgeting

Supersedes: FAIM 601-1 (02/01/00)

References: ARM 37.78.102, .402 and .420

GENERAL RULE– Financial eligibility and benefit amount for the current and future months must be established using prospective budgeting. The best estimate of income, resources, household composition and other circumstances (including all nonfinancial requirements) which will occur during the benefit month is used to budget prospectively.

NOTE: All prospective budgeting methods can be used with **earned** or **unearned** income.

➤GATHERING INFORMATION

Various sources are used to collect information about the household's circumstances to determine prospective eligibility and budgeting. Some sources used to collect information are (list not inclusive):

1. The application or redetermination form and reported changes;

   NOTE: The household must not be required to complete redetermination forms or change report forms.

2. Information submitted by the household, collateral contacts, system interfaces, etc.; and,

3. The face-to-face interview, at application and redetermination;

   NOTE: Eligibility Case Managers should use investigative interviewing skills such as asking if the situation is expected to

continue and looking for a pattern of overtime pay.

➤ Budgets must be reevaluated upon receipt of more complete information up to the release of benefit payment. Timely notice policy must be followed (See 1503-1).

If changes are anticipated, alerts must be set on the ETAL screen as reminders to check for changes and follow up at the appropriate time.

Information provided by the applicant/participant must be verified with corroborative documents and/or statements from third parties (i.e., employers, landlords, relatives, etc.). The worker must offer to assist in gathering necessary verification.

The budgeting method selected to prospect household income will depend on many factors including the income source, how often paid, and household circumstances.

NOTE: TANF cash and FMA expenses can be anticipated, factored or averaged. SSI-Medicaid expenses (child support or work expenses of the blind) can never be factored, so must be anticipated or averaged.

INCOME NOT COUNTED

There will be instances when income is not counted prospectively.

EXAMPLE: A household has no earned income. The household timely reports on July 2, using a change report form, that on July 5 a household member will start a job and the first paycheck will be received on July 20. The job will end on August 5, and the last paycheck will be received on August 20.

In this example, July's earned income will never be counted. The household reported the income correctly. July's income could not be reasonably prospected, and therefore was not considered. August benefits are determined based on prospecting August's income as a result of the information provided in the change report.

ACTUAL INCOME

Actual income can only be used when:

1. Computing an overpayment;

2. Determining retroactive Medicaid eligibility; or

3. Income is for the month of application and the individual is either:

   a. **NOT** paid on a weekly or biweekly basis; or

      NOTE: If all biweekly or weekly pay stubs are provided in the month of application, income must be factored even when they did not receive an extra pay check.

   b. paid on a weekly or biweekly basis and did not get paid for the normal work schedule for any pay period (e.g., new employment, unpaid sick leave, unpaid vacation, etc.).

➤ANNUALIZING INCOME

Annualizing is used for contractual or self-employment income. Divide a self employment amount by the number of months the income is intended to cover and divide the contractual amount by the number of months in the contract.

NOTE: Do not use annualizing if significant income changes are expected in any months during the review period. Instead use the anticipating income method.

EXAMPLE: Helen has a craft business that she operates out of her home. Her books indicate that she receives some income every month. She has no other source of income (earned or unearned). She indicates the income from this business is intended to support her year round.

Add all Helen's income from this business (minus allowable expenses) and divide it by 12 months to arrive at the countable monthly income.

Jan.	$ 300.00	July	$ 500.00
Feb.	$ 275.00	Aug.	$ 400.00
Mar.	$ 350.00	Sept.	$ 350.00
Apr.	$ 550.00	Oct.	$ 450.00
May	$ 600.00	Nov.	$ 950.00
June	$ 550.00	Dec.	$1100.00
		Total:	$6375.00

$6375 ÷ 12 = $531.25/month

ANTICIPATING INCOME

Anticipating is used when no other method is allowed or appropriate.

Use this method when:

1. A full month's income is not expected because the individual will not be working or getting paid for the normal work schedule for at least one pay period during the month (e.g., new employment, unpaid sick leave or unpaid vacation).

2. Income is from a terminated source (e.g., lay-off or other job termination).

3. Income history is not reliable.

4. **A significant income change is expected** in the future (e.g., promotion, part-time to full-time or vice versa, an additional job, transfer, etc.).

AVERAGING INCOME

Income averaging is used when there is a **reliable income history**. Be sure to ask the applicant/participant if the average is **expected to continue**. When averaging, look for patterns of overtime.

Do not average income when significant income changes are expected in the prospective period. Instead, use the anticipating income method; counting days in pay period, etc.

NOTE: Averaging is often used in conjunction with other budgeting methods. For example, when an individual is paid weekly or biweekly, the reliable income history is averaged then factored.

When requesting check stubs for averaging, be sure to request all check stubs received through the date verification is provided to the OPA. Avoid asking for just the three previous months' check stubs; instead, request check stubs from a specific date to present.

1. The Eligibility Case Manager and the participant must agree on:

   a. a representative period of time;

   b. the number of paychecks; **and**

   c. the pay dates.

   NOTE: Paychecks which are agreed on as unusually high or low should be disregarded unless the trend is anticipated to continue into the prospective period.

2. Divide the total income received during the representative period by the number of pay dates in the period to determine an average amount per pay date.

3. If income is received:

   a. **Monthly** or **semi-monthly**, multiply the average pay date amount by the number of pay dates in a month to arrive at the average monthly income.

   b. **Weekly** or **biweekly**, factor the income to arrive at the prospected monthly income.

   NOTE: Do not factor income for SSI-related Medicaid cases.

FACTORING INCOME

All programs **except SSI-related Medicaid** require factoring of income received weekly or biweekly (every two weeks). If there is a reliable history of income and it is expected to continue, average and then factor.

NOTE: Child support income and legally-obligated child support payments, deductions can only be factored if truly received/paid on a weekly or biweekly basis.

If weekly or biweekly pay checks are provided for month of application, the checks must be averaged and factored even if the applicant did not receive a 3rd or 5th check in the month of application.

1. To factor **weekly** income, the weekly income amount (actual or average) will be multiplied by **4.3** to determine a monthly amount; or

2. To factor **biweekly** income, the biweekly income amount will be multiplied by **2.15** to determine a monthly amount.

EXAMPLE 1: Ginny works 40 hours per week at $6.50 per hour and is paid **weekly**. Ginny's monthly income is determined using 40 hrs × $6.50 = $260 × 4.3; $1,118 is her monthly factored income.

EXAMPLE 2: Grace works full time and earns $7.00 per hour. She is paid **biweekly** (every other Wednesday). She receives $560 gross income in each paycheck. Grace's monthly income is determined using $560 × 2.15; $1,204 is her monthly factored income.

➤FACTORING NOT USED

Weekly or biweekly income is not factored when the participant will not work or be paid for the normal scheduled hours in any pay period (i.e., verification is provided that a participant will not be paid for hours normally worked such as unpaid sick leave or unpaid vacation, etc). In this situation, the anticipating budgeting method of counting actual days should be used to determine the best estimate.

NOTE: **TEAMS case notes** must clearly document why weekly or biweekly income was not factored and details of how income was anticipated.

FACTORING COMBINATION CASES

Combination cases with SSI-related Medicaid and another program will require income to be entered differently for each program:

1. Anticipated, not factored, income for SSI-related Medicaid is entered on TEAMS using 'OM' income type code on the UNIN or EAIN screen.

2. Factored income for FMA and TANF cash assistance is entered as 'OA' on either the UNIN or EAIN screen; and

3. Factored income for Food Stamps is entered as 'OF' on either the UNIN or EAIN screen.

THIRTEEN WEEK CALCULATION

The thirteen week calculation is based on the fact that every three month period contains thirteen weeks. The thirteen week method is used to prospect income when:

a. paid monthly or semi-monthly;

NOTE: Semi-monthly means the paycheck is received twice a month with set pay dates, (e.g., 1st and 15th).

b. the participant will be paid for a full month of employment;

c. there is not a reliable income history to average; **and**,

d. the income is expected to continue for at least three months.

EXAMPLE 1: On February 2, an employer statement was received which indicates an individual's work hours will increase to 40 hours per week. The wage will continue at $5.85 per hour and pay dates will continue to be semi-monthly on the 1st and 15th.

40 × $5.85 = $234/wk × 13 wks = $3,042 ÷ 3 months = $1,014 per month. $1,014 would be used as the best estimate of monthly income.

THIRTEEN WEEK CALCULATION NOT USED

The thirteen week calculation cannot be used for monthly or semi-monthly income when:

1. the participant will not work or be paid for the normal scheduled hours in any pay period (i.e., verification is provided that a participant will not be paid for hours normally worked such as unpaid sick leave due to scheduled surgery or unpaid vacation, etc).

2. employment is not expected to last a full quarter (thirteen weeks);

3. the participant is paid a salary and monthly income does not fluctuate; or

➤ 4. the employer verification form states expected hours per pay period rather than hours per week.

The anticipating income method should be used.

EXAMPLE 1: The application was received November 9. New employment started November 2. Pay dates are the 5th and 20th with pay periods ending the 31st and 15th each month. The participant earns $5.95 per hour, averages 40 hours per week, is off on Fridays and Saturdays, and is paid for holidays. Income received in November is expected to be for ten 8 hour days (10 days × 8 hours = 80 hours × $5.95 = $476 for November).

December, January and February income can be determined using the thirteen week method because full monthly income is expected to be received each month.

EXAMPLE 2: On August 10, Dolores provides an employer statement indicating she started working August 8 and is paid twice a month on the 15th and the 30th for salaried employment (i.e., gross pay per pay period is $350). September benefits are determined based on $350 × 2 = $700 per month.

TEAMS CASE NOTES TEAMS case notes must clearly document the:

1. household circumstances
2. type of income (e.g., wages, contractual, self-employment, etc.);
3. budgeting method chosen; and
4. process used to determine the dollar amount.
   a. What the agreed upon representative period of time was;
   b. What information was used to calculate the average pay amount (gross pay received pay date #1 + gross pay received pay date #2, etc. divided by the number of pay dates used); and

      NOTE: If certain paychecks were excluded in the averaging process, TEAMS case notes must clearly document justifications.

   c. How the amount was determined (e.g., wage stubs, an employer statement, tax return, business logs, etc.).

ADDITIONAL EXAMPLES:

AVERAGING SEMI-MONTHLY INCOME Joe has been working for the same employer for two years. His hours fluctuate from week-to-week. According to Joe, he always works at least 20 hours and never more than 35 hours per week.

Joe gets a paycheck on the 1st and the 15th of each month. He is paid $6.50 per hour. Joe is able to provide pay stubs for the last two months (February and March). He states that he expects the next three months (April, May, and June) will be very similar to the past two months in terms of the number of hours he will work.

Using the four pay stubs provided, average to arrive at an amount per pay period to use. Joe has agreed the paychecks are a best estimate for the prospective period.

Feb. 1st pay stub	49 hours	$ 318.50
Feb. 15th pay stub	42 hours	$ 273.00
Mar. 1st pay stub	47 hours	$ 305.50
Mar. 15th pay stub	55 hours	$ 357.50
	193 hours	$1254.50

$1254.50 ÷ 4 = $313.62 -- the average amount per pay period.

Multiply the average amount per pay period by the number of pay periods in a month to arrive at the average monthly income.
$313.62 × 2 = $627.24

THIRTEEN WEEK CALCULATION

If significant changes were expected in the previous example (such as Joe receiving a raise to $6.75 and a change in hours), the anticipating method using the thirteen week calculation would provide the best estimate.

Joe provides an employer statement indicating he will work an average of 27 hrs/wk and that his raise to $6.75 is effective March 16th. All hours on his April first check will be paid at the new hourly rate.

27 × $6.75 = $182.25 × 13 = $2369.25 ÷ 3 = $789.75/mo.

AVERAGING

If the only expected change in the previous example was an increase in hourly wage, the best estimate would be to multiply the average hours by the new rate of pay.

193 hrs. ÷ 2 mo. = 96.5 × $6.75 = 651.38/mo.

(Prospected income is less in the averaging example than in the

thirteen week calculation because averaged hours are less than the 27 used in the thirteen week calculation.)

AVERAGING AND FACTORING

In some situations a combination of methods is appropriate to arrive at the best estimate.

Sam has been working for the same employer for six months. He has fluctuating income and is paid every Friday. The Eligibility Case Manager and Sam have agreed to use the actual income amounts which were received for the six weeks prior to the interview to determine his average weekly income.

Week 1:	$ 100
Week 2:	$ 150
Week 3:	$ 150
Week 4:	$ 200
Week 5:	$ 50
Week 6:	$ 200
Total:	$ 850

Average weekly income: $850 ÷ 6 = $141.67/wk.
Factor the average weekly income $141.67 × 4.3 = $609.18/mo.

NOTE: The $50.00 received the 5th week must be evaluated to determine if the trend is expected to continue. The check could be disregarded as an unusually low check if it is not expected to happen again in the prospective period. A TEAMS case note must clearly document the justification for either disregarding or including the check.

COMBINATION CASE (FS, SSI MA, FMA AND TANF CASH)

Esther has been working for the same employer for two years. She is an on-going client open to FS, and MA MD Medicaid. In addition, her children are open to MA PC on the same TEAMS case. At redetermination for all three programs, she provides her last 7 pay stubs (totaling $1400.00) representing pay received in the last 3 months, and including her most recent pay date.

Esther is paid biweekly, and indicates that she works a consistent number of hours each pay period. She does not anticipate a change in her hours or her pay rate. Her income for FS and FMA (MA

PC) would be projected by averaging and factoring the provided check stubs ($1400.00 ÷ 7 = $200.00 × 2.15 = $430.00), with the result entered twice on EAIN, once as 'OF' and again as 'OA'. Her income for SSI-MA (MA MD) would be projected by averaging the same pay stubs and multiplying the average by the number of scheduled pay dates in the benefit month ($1400 ÷ 7 = $200.00 × 2 or 3 pay dates = $400.00 or $600.00) entered on EAIN as 'OM'. The Eligibility Case Manager would then determine which months in the eligibility period would be expected to include a 3rd biweekly pay date, and set an alert on ETAL for the month before each of those months in order to project the income for the 3rd pay date for the incurment.

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Department of Public Health and Human Services	Section: INCOME
TANF CASH ASSISTANCE	Subject: Income Disregards

Supersedes: TANF 602-1 (11/01/01)

References: ARM 37.78.102, 37.78.406 and 37.78.407; House Bill 2 (2005)

GENERAL RULE-- Income disregards are certain amounts of income that are subtracted from the filing unit's countable gross income to determine the total countable income amount. Subtracting these income disregards reduces the amount of countable income to be tested against the Benefit Standard for the household's size. Refer to Section 603-1 for income tests policy and procedure.

There are two types of income disregards - earned income disregards and an obligated income disregard. Earned income disregards take into account the expenditures related to employment such as childcare. The only obligated income disregard is for a legally binding child support obligation.

EARNED INCOME DISREGARDS

The earned income disregards are subtracted in a specific order from the monthly gross income of each wage earner. These disregards and the order in which they are applied are:

1. $200 work expense; TEAMS does this calculation.
2. Twenty-five percent (25%) of remaining earned income; TEAMS does this calculation.
3. Up to $200 per month per dependent for care required for employment.

WORK EXPENSE DISREGARD

The first $200 of monthly earnings of each wage earner, whether employed full or part-time, is deducted. This deduction is for work-related expenses such as mandatory payroll deductions and union fees (actual work expenses do not have to be verified). This is calculated and entered by TEAMS on the EXPD screen.

PERCENT DISREGARD

Twenty-five percent (25%) of the balance of the monthly earnings is subtracted from the balance remaining after the Work Expense Disregard. This is calculated and entered by TEAMS on the EXPD screen.

DEPENDENT CARE DISREGARD

The dependent care disregard, up to $200 per month of incurred (expected to be billed) expenses, is available for each minor child (Section 201-1) or incapacitated adult who is:

1. living in the same home as the earner; and

2. receiving TANF cash benefits or would be except they are excluded pursuant to federal regulations such as a child receiving SSI (Supplemental Security Income).

If the dependent care expense is for an incapacitated adult, his/her incapacity must be verified in writing from a physician or designee.

Allow dependent care costs when necessary for a household member to:

1. Accept or continue employment; or
2. Seek employment; or
3. Attend training or schooling preparatory to employment.

Reasonable costs to transport a dependent to or from care is an allowable dependent care expense.

All Family Investment Agreement/WoRC Employability Plan (FIA/EP) activities for TANF cash assistance are considered to be employment and training activities. Therefore, childcare co-payments for all FIA/EP activities are an allowable disregard.

The participant shall provide a signed statement from the day care provider that lists the individual(s) in care, hours of care and amount of monthly charges.

DEPENDENT CARE EXPENSE-- Calculate the expense based on the amount the wage earner is obligated to pay. The amount can be anticipated based on the most recent month's expense unless it is reasonably certain a change will occur for the benefit month. Enter the total calculated amount on the EXPE screen against the dependent receiving the care. TEAMS automatically limits the amount subtracted to $200 per child or incapacitated adult per month.

NOTE: If the household has applied or intends to apply for Block Grant child care but the child care has not yet been approved, allow the full anticipated child care expense. When the Block Grant child care has been opened and a portion of the dependent care expense is reimbursed or paid for by Block Grant child care, allow only the amount of the child care expense in excess of these payments (i.e., co-pay or over and above charges).

Allow the dependent care disregard only if the care provider is someone who is not included in the filing/assistance unit. However, the provider may be living in the same residence.

TEAMS Process: Code the employment-related dependent care expense on the TEAMS screen EXPE against the dependent receiving the care. TEAMS considers the child coded 'SC' on SEPA (SSI recipient) as included and will allow the disregard for the wage earner.

Code:	Description
DA	Expense countable for the TANF cash and Family MA Programs
DF	Expense countable for the Food Stamp Program
DC	Expense countable for all programs

LOSS OF EARNED INCOME DIREGARD

The wage earner is not allowed the earned income disregards in the following circumstances:

1. If he/she has been convicted of fraud in a court of law or is determined through an Administrative Disqualification Hearing (or signed form FA-559) to have committed an Intentional Program Violation (TEAMS Income Type Code: 'LA').

2 If he/she has voluntarily quit or reduced his/her hours of work (TEAMS Income Type Code: 'LA') or

3. If he/she has failed to report earnings and an overpayment is calculated (TEAMS Income Type Code: 'LA').

Refer to Section 1505-1 for Fraud and Intentional Program Violation policy and procedure.

OBLIGATED INCOME DISREGARD

The filing unit is also allowed an income disregard designed to encourage parents to fulfill their financial obligation for legally- binding child support payments. The amount of the child support payment obligated to non-household members is subtracted from the total of the balance remaining after the earned income disregards and the unearned income of the filing unit are added together.

Verification of the child support obligation and actual payment history showing regular payments must be provided to allow this deduction, unless the payment is collected through automatic income withholding. In these instances, allow the disregard upon receipt of appropriate verification. Enter the prospected amount on the EXPE screen using the expense code, 'CH'. This disregard should be reviewed at all FIA/EP

renewals. Document TEAMS Case Notes (CANO). Child support payment history is available on the Child Support Enforcement Division's SEARCHS system.

SAMPLE CALCULATION

TANF cash assistance applicants and participants: If the filing unit's gross countable income passes the Gross Monthly Income (GMI) test, the income disregards (earned and obligated) are applied as follows:

1. Subtract the $200 work expense disregard to arrive at a subtotal.

2. Subtract the 25% disregard from the subtotal.

3. Subtract up to $200 per month per individual for dependent care expenses from the balance.

Earnings	$690.00
- less Work Expense	-200.00
Sub-Total	$490.00
- less 25%	-122.50
Balance	$367.50
- less dependent care	-200.00
Total Countable Income	$167.50

4. Add any countable unearned income, and

+ Plus Unearned Income	$+75.00	(WC)
Balance	$242.50	

5. Subtract the legally-binding child support payment the filing unit expects to pay in the benefit month.

- less Child Support	-150.00
Total Countable Income	$ 92.50

▶ **NOTE:** The total net countable Income in this example ($92.50) is rounded down and tested against the Benefit Standard for the household size to determine eligibility and subtracted from the Payment Standard amount for the appropriate assistance unit size to determine the benefit amount.

TEAMS PROCESSING

TEAMS processes the income and displays the allowed amounts on the EXPD (Experimental Payment Determination) screen. Eligibility and/or grant amount is also displayed.

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Department of Public Health and Human Services	Section: ELIGIBILITY AND BENEFIT DETERMINATION
TANF CASH ASSISTANCE	Subject: Income Tests And Grant Calculation

Supersedes: TANF 603-1 (01/01/06)

►References: ARM 37.78.102, 37.78.228, 37.78.406, 37.78.407, and 37.78.420; MCA 53-4-241; House Bill 2 (2005)

GENERAL RULE-- TANF cash assistance requires two income tests to complete the financial eligibility process. If the filing unit fails either of these tests, it is not eligible for benefits. These tests are:

1. the gross monthly income (GMI) test, and
2. the benefit test.

► The filing unit's prospected countable earned and unearned income is compared to the GMI and Benefit Standards for household size. (See TANF 601-1 for prospective budgeting process.) The standards used are determined by state and federal rules and regulation. For example, the Department sets the benefit standard at a percentage of the federal poverty index. The gross income standard is set at 185% of the net income standard. Refer to Section 001 of this manual for tables of standards.

GROSS MONTHLY INCOME TEST

The filing unit's countable income (earned and unearned) must be tested against the gross monthly income (GMI) standard for the unit size. TEAMS evaluates the income by 'Income Type' code and determines whether it is excluded or counted. To pass the GMI test, the unit's gross countable income must be equal to or below the standard.

BENEFIT STANDARD TEST

The filing unit's countable income must be tested against the benefit standard for the unit's size. Again, TEAMS evaluates by Income Code Type and determines net countable income by:

1. Subtracting earned income disregards from the gross countable earned income of each wage earner;

2. Adding the unit's unearned income to the balance; and

3. Subtracting the 'obligated income" disregard.

EXAMPLE: Earned income
less - Earned Income Disregards
plus + Unearned income
less - Obligated Income Disregard (Child support)
EQUALS = Countable Income

▶ The net countable income is then compared to the benefit standard. To pass this test, the unit's net countable income must be equal to or below the Benefit Standard.

INCOME DISREGARDS

There are two types of income disregards. One type is **earned income disregards** that are applied to the earned income of the filing unit.

The second income type of disregard is the **obligated income disregard**. The obligated income disregard is applied after the earned income disregards are subtracted and the unearned income is added to the remaining earned income. (Refer to Section 602-1 for income disregards policy and procedure.)

▶PAYMENT STANDARD

If the household passed the GMI test and the Benefit Standard test after allowable disregards, the net countable income is subtracted from the payment standard to determine the amount of the TANF cash grant for participant.

▶ The payment standard was implemented as a result of House Bill 2 in 2005 and was effective 10/1/05. Originally the standard was set at 33% of FY 2005 Federal Poverty Level. Effective 7/1/07, it is set at 33% of the 2007 Federal Poverty Level.

▶DETERMINING ELIGIBILITY AND/OR GRANT

For TANF cash assistance applicants and participants, Form HCS-323, "TANF Cash Assistance Budget Computation Worksheet" is used when it is necessary to manually determine financial eligibility and/or grant. The following steps outline the testing and grant calculation process.

GROSS MONTHLY INCOME (GMI)

1. Enter nonexcluded gross earned income of each wage earner.
2. Enter total earned income.
3. Enter non-excluded gross unearned income of each filing unit member.
4. Enter total unearned income.
5. Add total earned and unearned income and enter balance.

6. Compare the balance to the GMI Standard for household size. If income is less than or equal to the appropriate standard, continue.

7. If income exceeds the standard, the household is ineligible.

8. Enter total earned income. (See section 602-1 for income disregard policy and procedure.)

9. Subtract the $200 work expense disregard for each wage earner.

10. Enter subtotal.

11. Subtract 25 percent of subtotal.

12. Enter sub total

13. Subtract dependent care costs up to $200 per child or incapacitated adult, as appropriate.

14. Enter subtotal

15. Add total unearned income.

16. Enter subtotal

17. Subtract the obligated income disregard of legally binding child support, if applicable.

18. Enter balance. This is the total net countable income.

BENEFIT STANDARD

19. Enter the Benefit Standard for household size.

20. Compare the balance to the Benefit Standard for household size. If income is less than or equal to the appropriate standard, continue.

    If the result is:

    a. Zero or less, the unit is ineligible for assistance.

    b. Greater than zero, the unit is eligible for TANF cash assistance.

21. Enter the Payment Standard for household size.

22. If greater than zero:

▶ Subtract the amount of the net countable income (line 18) from the Payment Standard for the appropriate assistance unit size.

23. The remaining balance is the amount of the cash assistance benefit to be authorized.

▶ 24. Prorate grant if the first benefit month is a partial month (the application date comes after the first day of the month).

Prorate as follows:

a. Divide the grant by thirty (30) days;

▶ b. Multiply the total in "a" by the number of days the household is eligible for TANF in the initial month. (See TANF 103-5)

c. Round this amount down to the next whole dollar and enter amount on line 23.

▶ 25. Subtract recovery amount, if applicable. (TANF 1504-1)

NOTE: A recovery amount should never reduce the benefit to less than ten dollars ($10.00) dollars.

26. Enter benefit amount. This amount must be whole dollar amount - round down.

****

PROCEDURE	**ACTION**
Eligibility Case Manager	1. Conduct a thorough interview and investigation to obtain relevant information about the household.
	2. Determine the amount of countable income using the appropriate budgeting method.
	3. Enter all non-financial and financial data on TEAMS.
	4. If the filing unit is eligible, continue with evaluating the household's needs to authorize appropriate benefits.

TEAMS PROCESSING

Once the income, earned and/or unearned, is determined using one or more of the methods listed at Section 601-1, it is entered on the TEAMS Income screens (EAIN, SEEI, UNIN, or DEID) with the appropriate income type code. TEAMS will process this data, evaluating income as countable or excluded, ensuring that all non-financial criteria and resource eligibility have been passed prior to testing the income to the Gross Monthly Income (GMI), applying the income disregards, testing the balance to the Benefit Standards, **and subtracting the net countable income from the Payment Standard.**

The results are displayed on the EXPD (EXperimental Payment Determinator) screen.

This screen summarizes the results of the GMI, Benefit, and Payment Standard tests. These tests are performed on TEAMS on every case prior to the Eligibility Case Manager's authorization even if a case does not have any countable income. This ensures that TEAMS performs the mandatory income eligibility determination for each case.

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Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: ELIGIBILITY AND BENEFIT DETERMINATION Subject: Deeming

Supersedes: FAIM 604-1 (05/01/2000)

▸References: ARM 37.78.102 and .406

GENERAL RULE--In addition to the filing unit members' income, the income of certain individuals who live with and are related to the minor child, must also be considered through the deeming process. The deemed amount is counted as unearned income to the assistance unit.

INDIVIDUALS WHOSE INCOME IS DEEMED

The following individuals, who live in the home and are related to the minor child by marriage or parentage, but whose needs are not included in the benefits and/or grant, are considered deemed individuals (a portion of their income is counted to the unit): TEAMS Part Code: 'DP'.

1 The spouse or the father of the unborn of a pregnant woman (last trimester) when the pregnant woman has no other eligible child in the home or the other children in the home are not related by marriage or parentage to the father of the unborn (Section 201-1),

NOTE: The resources owned exclusively by these individuals are excluded.

NOTE: When the child is born, the spouse's/father's needs are included and his income and resources are counted in full. (Section 201-1)

2. The spouse of a caretaker relative when the caretaker relative is included but is not the natural/ adoptive parent of the dependent child,

NOTE: The resources owned exclusively by these individuals are excluded.

and

3. Qualified alien's sponsor and the sponsor's spouse.

NOTE: Both the income and the resources of the alien's sponsor and the alien's sponsor's spouse must be considered.

The deemed person is allowed income disregards in the calculation of the amount to be deemed. These disregards are:

a $90 standard work expense,

b. The NMI amount for the deemed individual and his/her dependents not in the filing unit,

c. Payments made to dependents living out of the home,

and

d Payments of alimony or child support to persons out of the home.

TEAMS PROCESS FOR INCOME

1. Code the individual whose income is deemed as 'DP' in the Part Code field on the SEPA screen.
2. Enter Deemed NMI size on SEPA. Deemed NMI size is the number derived by counting the individual whose income is deemed plus others in the home who are dependents of this individual but not in the filing unit.

   NOTE: "Dependent" individuals are those individuals who could be claimed for purposes of determining federal personal income tax liability.

3. Enter all non financial and financial information for all household members except those coded 'OU' - not in the filing unit.
4. Enter the allowed payments on the DEID screen; TEAMS will automatically allow the $90 and the NMI amount in the deeming calculation.

DEEMED RESOURCE CALCULATION

The amount of resources deemed to the household from the alien's sponsor and the alien's sponsor's spouse must be determined off TEAMS. The Eligibility Case Manager must:

- Determine the total countable resources of the alien's sponsor and the alien's sponsor's spouse.
- Subtract the $3000 resource limit from the total countable resources.
- The balance should be listed on the 'OTAS' Screen next to the qualified alien (Code 'OA').

SR

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Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: Family Investment Agreement/ WoRC Employability Plan

Supersedes: TANF 701-1 (07/01/07);

References: ARM 37.78.102, .206, and .216; 45 CFR 261.30 - .36; Deficit Reduction Act of 2005

GENERAL RULE-- Certain individuals who are included in the filing unit, even if they are not considered part of the assistance unit due to disqualification, must negotiate, sign, and comply with a Family Investment Agreement and a WoRC Employability Plan (FIA/EP) as a condition of eligibility for TANF cash assistance.

All individuals who are required to have a FIA/EP must be referred to either the WoRC program or the Tribal NEW program for case management. The Family Investment Agreement (FIA) section of the FIA/EP will indicate which program the individual is referred to. This section is signed by the participant and the Eligibility Case Manager (on behalf of the State).

If the participant is referred to the WoRC program, he or she must negotiate activities for the Employability Plan (EP) section of the FIA/EP with WoRC before TANF cash assistance benefits can be authorized. The Employability Plan section is signed by the participant and the WoRC Case Manager.

NOTE: If the initial benefit will be pro-rated, the participant must be informed that the start date of benefits will depend on the date they negotiate the EP with the WoRC Case Manger. (TANF 103-5).

A copy of the FIA/EP is given to the participant, one retained in both the TANF case file and the WoRC case file, and a working copy on the TEAMS Employability Plan/FIA screen (EMPL).

INDIVIDUALS REQUIRED TO HAVE A FIA/EP (CODED 'IN')

Any of the following eligible individuals who are coded "IN" on AF SEPA must negotiate, sign and comply with their individual FIA/EP:

1. Adult parent (natural or adoptive) of minor child in household (adult/child indicator 'A');

2. Adult spouse of a parent of a minor child in the household (adult/child indicator 'A');

3. Adult caretaker relative, other than parent, who has requested to be included in the assistance unit (adult/child indicator 'A');

4. Minor children age 16 or 17 not attending school full-time (adult/child indicator 'T');

   NOTE: If the 16 or 17-year-old is home schooled, he or she is considered to be 'attending school full-time'.

4. Teen parents not living independently and not attending school (adult/child indicator 'F');

5. Teen parents living independently (adult/child indicator 'I'); and

6. Minor parents (adult/child indicator 'I').

INDIVIDUALS REQUIRED TO HAVE A FIA/EP (CODED 'DQ')

Any of the following eligible individuals **with an adult/child indicator of "A" or "I"** on AF SEPA who are coded **'DQ'** on SEPA are considered 'work eligible individuals' and must negotiate, sign and comply with their own FIA/EP:

1. Parent (adoptive or biological) who is disqualified due to sanction (DQ/SN);

2. Parent (adoptive or biological) who is disqualified due to intentional program violation (DQ/IF);

3. Parent (adoptive or biological) who is disqualified due to being a fleeing felon (DQ/FF);

4. Parent (adoptive or biological) who is disqualified due to being a probation/parole violator (DQ/FF);

5. Parent (adoptive or biological) who is disqualified for conviction in Federal or State court of having made a fraudulent statement or representation with respect to the place of residence in order to receive assistance simultaneously from two or more states (DQ/IF); and

6. Parent (adoptive or biological) who is disqualified for other reasons (DQ/OT).

NOTE: Parents who are disqualified and coded DQ/DR; DQ/IS; 'DQ/TP' or 'DQ/OT' for non-cooperation with TPL/HIPPS or Program Compliance (TANF 703-1) make the household ineligible for benefits.

INDIVIDUALS NOT REQUIRED TO HAVE A FIA/EP

The following individuals are not required to negotiate and comply with a FIA/EP:

1. Spouse (who is not a parent of a minor child in the household) who is disqualified for any reason;

2. Caretaker relatives who are not included in the assistance unit or who are coded 'DQ' for any reason;

EXAMPLE: A grandmother caring for her grandchild is not required to be included in the assistance unit (but is required to be in the filing unit to qualify the minor child as living with a specified caretaker relative) and is coded 'OU' on the SEPA screen. If she chooses to be included, her Participation Code is 'IN' and she is required to have a FIA/EP. If she is sanctioned and coded 'DQ/SN', she is not a "work-eligible" individual and is not required to have a FIA/EP during the sanction penalty month.

3. Individuals who do not meet the citizenship/alien criteria to be eligible for assistance (DQ/IA);

4. Teen parent not living independently, in school (Adult/child indicator 'N');

5. Minor child or teen attending school;

6. Individuals not included in the assistance unit;

7. Individuals who are coded "DP"; and

8. Individuals who are coded "DQ" on SEPA **but do not have an adult/child indicator of "A" or "I"** (e.g. disqualified teen parent who is not living independently and not in school. Adult/Child indicator is 'F'.)

MINOR CHILD

A minor child age 16 or 17 included in his/her parent's grant and attending school full-time, is not required to have a FIA/EP. However, if at any time he or she drops out of school, graduates or completes the program (thus no longer attending full-time) and continues to live with a specified caretaker relative, he or she is required to develop his/her own FIA/EP and comply through the month of his/her 18th birthday.

If the child is age 18 and not attending school, he or she is no longer a minor child. (TANF 304-1)

School enrollment and attendance must be verified at the beginning of each school year. During summer vacation, the child is considered enrolled as a full-time student.

TEEN PARENT

A teen parent is an individual under age 18, unmarried and caring for his/her minor child.

If the teen parent is living independently (TANF 302-1), a FIA/EP is required (adult/child indicator of 'I').

If a teen parent is not living independently (TANF 302-1), a FIA/EP is only required if he or she is **not** attending school full-time (adult/child indicator of 'F').

NOTE: See TANF 201-1 for a chart outlining participation codes, adult/child indicators, FIA/EP requirements and time clock information for teen parents and minor parents.

SCHOOL ATTENDANCE

In most public schools (elementary and secondary), full-time attendance is defined as receiving instruction for the school term (180 instructional days) approximately six (6) hours per day/30 hours per week.

To determine school attendance and full-time student status for the 16, 17, or 18-year-old minor child, request a statement from the appropriate school official.

SPECIAL SCHOOL SITUATIONS MINOR CHILD OR TEEN PARENT

If the 16, 17, or 18 year old is **home schooled**, he or she is considered to be 'attending school full-time' and therefore, is not required to have a FIA/EP. Participation in a course of study must be verified. Some ways home schooling can be verified are (list not inclusive):

1. A lesson plan.
2. Verification of registration with the County Superintendent of Schools.
3. Statements from the parent and child stating that the child is being home schooled.

If the 16, 17, or 18 year old is attending **special education classes** to their maximum capabilities or attending regular classes to their maximum capabilities based on **medical restrictions**, this is considered attending school full-time and the teen would not be required to have a FIA/EP.

If the 16, 17, or 18 year old is attending **Graduate Equivalency Diploma (GED)** classes full-time rather than attending high school, the teen would not be required to have a FIA/EP.

NOTE: If the 16 or 17-year-old is studying for GED independently or attending GED classes less than full time, a FIA/EP is required. The 18-year-old would no longer be considered a minor child.

If a minor child with a FIA/EP is attending school, preparing for a GED or attending adult basic education less than full time but for at least one hour per week, the HSE component must be used on EMPL for the appropriate number of hours. Education should always be the first choice of activities.

MINOR PARENT

A minor parent is an individual under age 18, married and caring for his/her minor child; or emancipated by the court. A minor parent is treated as an adult for participation purposes. (TANF 305-1 and 201-1)

FIA/EP RENEWAL

The Family Investment Agreement (FIA) section of the FIA/EP is renewed at least every twelve months in conjunction with the annual redetermination of TANF cash assistance. TEAMS will not allow authorization of benefits beyond that date. It is, therefore, important to set this date for early in the month to assure the next month's benefits are issued timely if the participant has to reschedule.

At the FIA/EP renewal and redetermination appointment, a review of the number of eligible months remaining (TANF 801-1) should be completed.

If the participant fails to attend the FIA/EP renewal and redetermination appointment, the case closes at the end of the month. If the participant contacts the Eligibility Case Manager to reschedule the FIA/EP renewal and redetermination but a new appointment is not set until after the 10-day notice cutoff, a closure notice must be sent to the household. The case manager explains to the participant the need for a timely closure notice in case the rescheduled appointment is missed.

The Employability section of the FIA/EP is a "working" document that must be negotiated with the participant and the WoRC Case Manager on at least a monthly basis. There must a signed current Employability Plan in the WoRC Case File by the 15th of the current month, for the following month, or case closure will be recommended.

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Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: WoRC Participation

Supersedes: TANF 701-2 (07/01/07);

References: ARM 37.78.102, .206, and .216; 45 CFR 261.30 - .36; Deficit Reduction Act of 2005;

GENERAL RULE-- Individuals who are referred to the WoRC program on the Family Investment Agreement must negotiate an initial Employability Plan (FIA/EP) with the WoRC Case Manager before the household is eligible for TANF cash assistance.

The FIA/EP is a document listing activities and mutual obligations of the WoRC program and the participant regarding the course of action to empower the participant to become self-supporting.

SCREENING TOOLS

Upon enrollment with the WoRC Program, the following three screening tools must be used by the WoRC Case Manager to establish or re-establish a baseline of barriers to employment, and to determine appropriate work activities for the FIA/EP:

SCREENING GUIDE (HCS-731)

The individual needing to negotiate a FIA/EP will respond to a screening guide. The Screening Guide (HCS-731) is a tool to gather information about the participant's strengths and barriers, which in turn identifies the action plan and the need for specific activities. The WoRC Case Manager reviews the information on the Screening Guide with the participant to determine appropriate referrals and activities for the FIA/EP. (See TANF 701-3 for Participation Components.)

►DOMESTIC VIOLENCE SCREENING QUESTIONNAIRE (HCS-326)

The second tool used by the WoRC Case Manager is the Domestic Violence Screening Questionnaire (HCS-326). The form is completed by the participant. The participant may answer 'YES' to a question or questions on the form, which indicates that they are currently or have previously been involved in a domestic violence situation. If the participant indicates the presence of domestic violence, past or present, on the form, they should be offered a referral to the Montana Coalition Against Domestic and Sexual violence or other appropriate counselor/entity dealing with domestic violence. The Universal Notification letter (HCS-174) is also given to the participant.

The WoRC Case Manager enters a "Y" in the Family Violence field on the EMPL screen to indicate there is family violence in the current household when:

► 1. The participant has marked a 'YES' on the Domestic Violence Screening Questionnaire;

► 2. The WoRC Case Manager has involved the participant in a conversation regarding the domestic violence to determine if they are currently involved in a domestic violence situation, and if so;

► 3. The participant has indicated they are willing to address the issue.

► **NOTE:** If a participant in an ongoing case divulges they are involved in a current domestic violence situation, and indicate they are willing to begin working on the domestic violence, the Family Violence field on TEAMS would be changed to a "Y", if it was previously an "N". The TEAMS indicator may change on a monthly basis, depending on what the participant is divulging and/or willing to address.

LEARNING NEEDS SCREENING TOOL (HCS-732)

The individual will also complete a Learning Needs Screening Tool (HCS-732) upon enrollment. This tool reviews an individual's learning history and begins to identify potential barriers to successful employment outcomes. If a participant scores 12 or more on the Learning Needs Screening Tool, further assessment is recommended and implemented through a referral to the local Adult Basic and Literacy Education office. Although only required at initial enrollment, the Learning Needs Screening Tool is updated any time the WoRC Case Manager believes literacy barriers exist.

►PARTICIPATION HOURS

The number of hours that an individual must participate in activities is based on whether it is a single parent or two-parent household and whether or not the individual is a parent of a minor child under the age of six (6) who is coded 'IN', 'SC', 'TR' or 'DQ'.

Participation in all activities should continue even if the case will be closing at the end of the benefit month or the participant will be sanctioned the next month. Childcare assistance also continues through the end of the benefit month in these instances.

►SINGLE PARENT HOUSEHOLD

The following individuals are required to participate in allowable work activities a minimum of 108 hours per benefit month (an average of 27 hours per week):

► 1. Single parent households, including teen parents living independently, (coded 'A' or 'I' on AF SEPA) who have a child under the age of 6; and

2. Teen parents, not living independently, not in school (coded 'F' on AF SEPA) who have a child under the age of 6.

The following individuals are required to participate in allowable work activities a minimum of 132 hours per benefit month (an average of 33 per week):

1. Single parent households, including teen parents living independently (coded 'A' or 'I' on AF SEPA) who do NOT have a child under the age of 6;

2. Teen parents, not living independently, not in school (coded 'F' on AF SEPA) who do NOT have a child under the age of 6; and

3. Minor children, age 16 or 17 and not attending school (coded 'T' on AF SEPA).

TWO-PARENT HOUSEHOLD

If the filing unit contains **two or more able-bodied adults** coded 'A', or 'I', with a participation code of 'IN' or 'DQ' (for any reason), TEAMS will require a 2-parent indicator to be entered in the 2-parent indicator field on SPRD.

If the 2-parent indicator field is set to **'U'**, this is considered a **"two-parent"** household for participation hours and each "adult" who has a FIA/EP is required to participate a minimum of 132 hours per benefit month (an average of 33 hours per week).

NOTE: If there are any minor children (age 16 or 17) not attending school (adult/child indicator 'T') or teen parents not living independently and not attending school (adult/child indicator 'F') in a two parent household, the minor child or teen parent not living independently is required to complete either 132 or 108 hours of FIA/EP activities, depending on the age of his/her child. The 'adults' must complete 132 hours of FIA/EP activities.

If one or both of the parents is incapacitated, either temporarily or permanently (See Glossary), the 2-parent indicator field on SPRD is set to **'D'**. This household is considered a **"single parent"** household only for purposes of assigning participation hours.

NOTE: Even though the individual is considered incapacitated, the individual(s) may not meet the criteria for the Not Participating due to Incapacity (NPI) component code on EMPL. (TANF 701-3)

TEAMS will set a 'Y' or 'N' in the "TWO PARENT" field on the EMPL screen and will perform edits on participation hours as appropriate based on this indicator.

VERIFYING PROGRESS

Verification of progress is very important, especially as the individual nears the 60-month time limit. The Deficit Reduction Act of 2005 outline specific criteria for verifying and documenting a participant's participation in work activities. This verification and documentation process will be the responsibility of the participant and the WoRC Case Manager, with assistance from the OPA Case Manager, if appropriate. For more specific information, please refer to the WoRC Guidelines manual.

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Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: Participation Components

Supersedes: TANF 701-3 (07/01/07); TB -34 (06/25/07);

References: 45 CFR 261.30 - .36 & .70; ARM 37.78.102, .206, .216, .801, .806, .807, .810, .811, and .826; House Bill 555; Deficit Reduction Act of 2005;

GENERAL RULE--Certain individuals who are included in the assistance unit must negotiate, sign, and comply with a Family Investment Agreement and WoRC Employability Plan (FIA/EP) as a condition of eligibility for TANF cash assistance. **See TANF 701-1 for the policy on who must have a FIA/EP.** On the FIA/EP, the individual will be referred to either the WoRC program or Tribal NEW for on going case management.

NOTE: In addition to being referred to either the WoRC program or Tribal NEW, TANF participants are required to accept and maintain employment (MAE component code). Failure to do so, without good cause, results in a sanction (TANF 702-2 702-3 and 1509-1).

BLOCKING OF HOURS

A first partial month referral to WoRC or NEW must be "blocked" (i.e., the Start is the date of referral and the End date is the last day of the application month). Starting with the first full month of participation, the Start date is the first day of the month and the End date is 999999.

ACCEPT AND MAINTAIN EMPLOYMENT

(EMPL Component code: 'MAE")—This component code displays on the FIA/EP of every individual required to have a FIA/EP. This component indicates the participant agrees to accept and/or maintain employment while receiving TANF cash assistance.

►PARTICIPTION INFORMATION

The HCS-710 Brochure, TANF Participation Information, is given to all TANF applicants and is available for applicants to track the hours of employment related activities from application date until the WoRC intake appointment. When attempting to reconstruct activities, this brochure should be used as a tool in the discussion with the participant. (TANF 103-2)

NOTE: The A034 TANF Participation Information notice, which mimics the HCS-710 Booklet, must be sent from TEAMS when a TANF application is registered. This notice is to be sent even if a determination of eligibility has not been completed.

►HOURS NOT COMPLETED

(EMPL Component code: 'HNC')—When a TANF application is pro-rated based on the application date, the HNC component may be used to indicate:

1. Hours between the first day of the application month and the application date for individuals referred to Tribal NEW; and

2. Hours between the date of application and the date of the Employability Plan (EP) negotiation with the WoRC Case Manager for individuals referred to WoRC, **provided that allowable work activities cannot be reconstructed**.

The HNC component may be used by either the OPA Case Manager or the WoRC Case Manager as follows:

►HNC--OPA CASE MANAGER

The OPA Case Manager will use the HNC component code for TANF individuals who are referred to Tribal NEW for case management services. The HNC code will account for the time period between the first of the month and the application date.

The use of the HNC code by an OPA Case Manager is limited to the initial month of application.

►HNC—WoRC CASE MANAGER

The WoRC Case Manager will use the HNC component code for TANF individuals who are referred to WoRC for case management services. The HNC code will account for the time period between the first of the month and the date the individual negotiates their Employability Plan (EP) with WoRC, **provided that allowable work activities cannot be reconstructed.**

The use of the HNC code by a WoRC Case Manager is limited to the first two (2) months of benefits. It will be used in the second month if engagement with the WoRC Case Manager does not occur in the initial application month.

►HNC EXAMPLES:

Example 1: Mom and 2 children, ages 2 and 4, apply for TANF on 2/7/08. Mom takes advantage of the same day interview, negotiates her Family Investment Agreement (FIA) and is referred to WoRC that day. The OPA Case Manager would enter a WRC component on EMPL with a start date of 2/7/08 and an end date of 2/29/08. They would also enter a WRC component with a start date of 3/1/08 and an end date of 999999.

Mom meets with her WoRC Case Manager on 2/8/08 and negotiates her Employability Plan (EP) that day. In conversation with Mom, the WoRC Case Manager identifies that Mom had completed 16 hours of job sear

between 2/1/08 and 2/8/08. The WoRC Case Manager would enter the following on EMPL to cover the time period between the first of the month and the date the EP was negotiated:

JBS	2/1/08 through 2/8/08	16 hours
HNC	2/1/08 through 2/8/08	11 hours

(This will account for the 27 hours of participation between the first of the month and the date Mom negotiated her EP.)

The remainder of the activities and hours will be negotiated between Mom and the WoRC Case Manager.

Example 2: Dad and 1 child, age 14, apply for TANF on 3/17/08. Dad does not take advantage of the same day interview. The OPA Case Manager sends the A032 "TANF Interview Scheduled" notice and the A034 "TANF Participation Information" notice off TEAMS on 3/18/08. Dad completes the interview with the OPA on 3/21/08 and is referred to Tribal NEW for case management services. The OPA Case Manager would enter the following on EMPL:

HNC	3/1/08 through 3/17/08	81 hours
NEW	start and end dates are automatically set by TEAMS	

Example 3: Mom and 3 children, ages 7, 9 and 11, apply for TANF on 1/28/08. Mom takes advantage of the same day interview and is referred to WoRC that same day. The OPA Case Manager would enter a WRC component on EMPL with a start date of 1/28/08 and an end date of 1/31/08. They would also enter a WRC component with a start date of 2/1/08 and an end date of 999999.

Mom does not meet with her WoRC Case Manager until 2/04/08. She negotiates her EP that day. Mom provides the HCS-710 booklet to her case manager; however there are no allowable activities that can be reconstructed. The WoRC Case Manager would enter the following on EMPL for the benefit month of 01/08:

HNC	1/1/08 through 1/31/08	132 hours

The WoRC Case Manager would enter the following on EMPL for the benefit month of 02/08:

HNC	2/1/08 through 2/4/08	33 hours

Other negotiated activities for the month of 02/08.

►HNC HOURS/ EDITS

TEAMS has been programmed to prevent the entry of excessive negotiated hours for the HNC component, depending on the number of hours the individual is required to participate in allowable work activities. (See TANF 701-2)

This chart is intended as a guide and illustrates the maximum number of hours that could be attributed to the HNC component. It does not mean that full hours must always be attributed to the HNC component.

The chart below outlines the edits:

Application Date	108 Hours Required	132 Hours Required
1st thru 7th	27	33
8th thru 14th	54	66
15th thru 21st	81	99
22nd thru 30th	108	132

WORC READINESS ACTIVITY (WoRC)

(EMPL component code: 'WRC')—This component is a referral to the Work Readiness Component (WoRC) Case Manager.

NOTE: The WoRC program in the service county will be responsible for case management when the case is being maintained by an OPA other than the participant's county of residence.

The WoRC Case Manager provides case management services for the activities of the participants. The Eligibility Case Manager and the WoRC Case Manager coordinate their efforts to best serve participants.

WoRC referrals occur via electronic transfer through the TEAMS computer system by using the 'WRC' component code on the EMPL screen.

►WRC START DATE

The start date of the WRC component on the EMPL screen will be the date the individual negotiates their Family Investment Agreement (FIA) with the OPA Case Manager and is referred to the WoRC program for case management services. (TANF 103-5)

TRIBAL NATIVE EMPLOYMENT WORKS (NEW)

(EMPL component code: 'NEW')--Participants who are enrolled tribal members residing on the reservation will be referred to NEW in accordance with agreements in place in that county. Participants must be informed and understand that they could also be referred to the WoRC program. Once an option is chosen, the participant needs to sign the Request to Participate form (HCS-778).

NOTE: Currently, Tribal NEW may serve participants in Roosevelt, Valley, Sheridan, Daniels, Big Horn, Rosebud, Pondera and Glacier counties.

EMPLOYMENT AND TRAINING ACTIVITIES

The focus of employment and training activities is to assist the family in becoming self-supporting through immediate employment opportunities or finding alternatives to public assistance.

►COMPONENTS COUNTED TOWARD PARTICIPATION

There are a limited number of activities (components) available to meet the Federal TANF participation requirements. Below are the allowed activities (components).

Components are designated as either primary or secondary and are limited in the number of hours an individual may participate in the component, depending on household composition (TANF 701-2).

1. **Primary** components must account for the following:

   - **at least 23** hours per week for each adult in a single parent household with no child under the age of six;
   - **at least 25** hours per week for each adult in a single parent household with a child under the age of six;

     NOTE: These individuals have a higher number of hours required in primary components based on federal regulation.

   - **at least 28** hours per week for each adult in a two-parent household, regardless of the age of the children.

2. **Secondary** components may be scheduled for the hours above the primary components. For single parent households, the secondary hours are limited to no more than 10 hours per week. For two parent households, the secondary hours are limited to 5 hours per week for each adult.

INCARCERATED INDIVIDUALS

Individuals who are incarcerated are not available to accept and maintain employment. Therefore, activities they may participate in during their incarceration are not countable work activities.

NOTE: Even though some jails offer internet access, etc., which may allow the individual to complete job search, etc., activities performed while incarcerated are not allowable work activities.

NOTE: Incarcerated individuals who are absent from the home and who will not be returning to the home before the next month's

benefits are issued are not considered temporarily absent and must be removed from the household. (TANF 302-1)

See TANF 701-4 "WoRC Participation, Documentation and Reconciliation" for information on reconciling hours of work activities.

EMPLOYMENT

(Component code: 'EMP')--Employment is considered a **primary** component. The employment component includes part-time or full-time paid work and self employment. If a participant is engaged in **any** paid employment, the hours must be counted.

NOTE: During the first month of self-employment start up (no income) hours associated with the self-employment are coded JBS. After the first month of self-employment start up, the number of participation hours allowed is the net income (gross income minus allowable business expenses) divided by federal minimum wage.

►WORK EXPERIENCE

(Component code: 'WEX')--Work Experience is considered a **primary** component. The work experience component is limited to the WEX matching process and/or actual WEX placement.

►WEX MATCHING

The WEX matching process is limited to four (4) consecutive weeks of activities designed to "match" a participant to a specific WEX placement site. The needs of the WEX site, including background checks required for site placements involving children, elderly and disabled, and the employability needs of the participant will be considered for placement purposes. During the WEX matching process, the participant will have the opportunity to prepare themselves for placement at the specific WEX site and to ensure the placement will be successful. (For more information please see the WoRC Guidelines.)

►WEX PLACEMENT

A WEX placement is a formal job site experience and training, established to develop or enhance the participant's basic work habits and/or improve specific work skills. WEX placement has a formal signed agreement between the WoRC program and the sponsor (employer). Worker's Compensation is covered by the State. A WEX placement is designed to:

1. enhance, expand, and improve the participant's training history;
2. provide meaningful on-site training for those participants with little or no work history;
3. provide an avenue for participants to earn a current performance recommendation; and
4. provide participants with the skills to balance demands of home and out of home schedules.

On-site training assignments will not exceed 8 hours/day or 40 hours/ week. Sites may include the private, public or governmental sector.

Background Checks: Participants are subject to a background check when a WEX placement involves a site where children, the disabled or the elderly are present and interaction with these individuals is part of the participants' duties. Out of state participants may be subject to providing their fingerprints to verify background. A cooperative agreement has been set up with the Attorney General's office as to the procedure and parameters that must be met.

Worker Displacement: There must be NO displacement of existing workers to allow the employer to accept a TANF cash assistance participant (trainee) nor can the employer derive any immediate advantage from the trainee's participation. Non displacement must be established in WEX sites or Internship sites prior to placement. However, an adult participant may fill a vacant position in order to engage in a work activity such as a position needed to meet new production demands, filling temporary needs, opening new businesses, successor ownership of a business, etc. There must be NO intentional lay offs or termination of workers to create a position.

Sites will not be approved for participation if any one of the following situations exists:

1. When any other individual is on layoff from the same or any substantially equivalent job; or

2. The employer has terminated the employment of any regular employee or otherwise caused an involuntary reduction of its workforce in order to fill the vacancy so created; or

3. The site is in a strike or pre-strike status; or

4. This placement will violate an existing contract for services or a collective bargaining agreement, and will violate a collective bargaining agreement without written concurrence of the labor organization.

Grievance Procedure: A grievance procedure to resolve complaints of alleged violations of the displacement rule will be available to current employees of a work site who believe a work placement violated the displacement rule.

Workers' Compensation: Participants in a WEX site are offered Worker's Compensation coverage. Premiums and benefits are based

upon the wage that a probationary employee is paid for work of a similar nature at the assigned work site.

JOB SEARCH JOB READINESS ACTIVITIES

(Component code: 'JBS')--Job search /Job Readiness assistance is considered a **primary** component. Job search/Job Readiness assistance includes but is not limited to:

1. completing and submitting job applications;
2. completing resumes or master applications;
3. life skills training classes; and
4. substance abuse treatment, mental health treatment or rehabilitation activities for those who are otherwise employable. Such treatment must have been deemed necessary by a qualified medical or mental health professional.

► **NOTE:** A qualified medical professional is defined as an individual who is currently licensed in the State of Montana and is practicing within their field of expertise. The medical professional may not be currently suspended from providing health care services and must be presently involved in the treatment of the participant.

Job search **cannot exceed** twelve weeks in a federal fiscal year and cannot be scheduled for more than four consecutive weeks. The federal fiscal year is October through September.

VOCATIONAL EDUCATIONAL TRAINING

(Component code: 'STT')--Vocational educational training is considered a **primary** component and includes any organized education or training beyond a high school degree that leads to a certificate or degree. Vocational and post secondary education up to an Associate's Degree provides the participant with additional skills, proficiencies, and technical ability that solidifies his/her job readiness into an emerging occupation.

A participant cannot be given credit for more than 12-months in a lifetime of participation in vocational educational training starting with January 1, 2004.

NOTE: Education leading to a baccalaureate or advanced degree is not an allowable activity.

COMMUNITY SERVICE

(Component code: 'CSP')-- Community service is considered a **primary** component. Community service includes any hours the participant volunteers in a recognized volunteer position in public or nonprofit organizations that is a direct benefit to the community.

Volunteering is an opportunity for the participant to share their experiences, wisdom, skills, or in general make a significant and purposeful contribution to his/her community.

Expected outcomes may include career contacts or knowledge of work place culture.

This position is typically with a non-profit organization or a for-profit business that provides service for the public good. This is generally a short term activity with few hours assigned, and may be used to fulfill hour requirements if either EMP or WEX does not meet the needed total for primary activities.

The participant is responsible for locating and making arrangements with the volunteer site. The participant establishes the days, hours, tasks, etc. The actual hours of volunteer work must be verified on a weekly time sheet by an individual connected with the organization.

JOB SKILLS TRAINING DIRECTLY RELATED TO EMPLOYMENT

(Component code: 'JST')--Job skills training directly related to employment is considered a **secondary** component. Job skills training directly related to employment may include but is not limited to:

1. computer classes needed for a specific occupation or employment;
2. customized training to meet the needs of a specific employer; and
3. language or literacy instruction which is focused on skills needed for employment.

EDUCATIONAL ACTIVITIES FOR INDIVIDUALS WITHOUT A HS DIPLOMA OR GED

(Component code: 'ABE' for individuals age 20 or over and 'HSE' for individuals under age 20). "Education Directly Related to Employment" and "Satisfactory Attendance at a Secondary School or in a Course of Study leading to a GED" is allowed only for individuals who do not have a high school diploma or GED. It is considered:

a **primary** component for individuals who are under age 20.

a **secondary** component for individuals who are 20 years or older.

Examples of educational activities include but are not limited to:

1. GED class time;

2. basic and remedial education to provide participant with brush up skills as needed for employment;

3. English proficiency for participants unable to understand, read, speak, or write well enough to allow employment commensurate with participant's employment goal;

4. attending high school or alternative high school; and

5. attending GED preparation courses.

► **NOTE:** Unmarried teen parents without a diploma or GED must participate in educational activities directed toward the attainment of a high school diploma or GED **or** an alternative educational or training program that has been approved by the State, unless the participant and WoRC Case Manager negotiate other allowable work activities.

NOTE: Unsupervised study time is not an allowable activity.

►NOT PARTICIPATING/ INCAPACITATED

(Component code: 'NPI')--Not Participating Incapacitated is to be used when an individual has been declared totally incapacitated (specifically bed rest or hospitalization) by a qualified medical professional involved in the treatment of the individual and the incapacity results in the inability to participate in any type of activity excluding medical appointments that are directly tied to the incapacity.

► **NOTE:** A qualified medical professional is defined as an individual who is currently licensed in the State of Montana and is practicing within their field of expertise. The individual may not be currently suspended from providing health care services.

NOTE: The "qualified medical professional" may include an LCPC or chiropractor. However, we will be monitoring the completeness of the information provided by licensed professionals and patterns of blanket "incapacity" statements. We may request a second opinion if appropriate.

This component is limited as follows:

1. Must be supported by a statement from a qualified medical professional involved in the treatment of the individual;

2. Must be approved by the WoRC Monitor;

3. Must be reviewed on a monthly basis; and

4. May not be used on extended benefit cases.

The participant is required to maintain bi-weekly contact with the WoRC Case Manager.

A TEAMS case note outlining the use and approval of the NPI code must be entered by the WoRC Case Manager.

►ACCOMMO-DATIONS

If the WoRC Case Manager receives a statement from a qualified medical professional involved in the treatment of the individual; an HCS-207 "Request for Work Capabilities" form; or an HCS-206 "Request for Mental Health and Cognitive Impairment Information" form which indicates an individual has a limited condition (either physical or mental) but is able to participate in activities with accommodations for fewer than the required hours, the following steps must be taken:

1. All efforts must be made to provide accommodations for the individual to allow participation to the best of his/her abilities;

2. The individual is required to participate for the number of hours specified by the qualified medical professional;

   NOTE: If the individual fails to participate for the number of hours specified, and good cause is not established, a sanction would be recommended.

   NOTE: If the individual has participated to the extent they are capable, according to the qualified medical professional, but does not meet the federally required hours, a sanction will not be recommended.

3. The WoRC Monitor must be involved in establishing the Employability Plan (EP) for the individual and/or be aware of the accommodations made;

4. The EP must have full hours scheduled to meet the minimum hours edits on TEAMS to allow for authorization, however the component

description should read, "Due to accommodation needs, only XXX hours required"; and

5. The EP must be reviewed on a monthly basis.

EXTENDED BENEFITS/ INCAPACITATED

(Component code: 'EBI')--Extended Benefits/Incapacitated is to be used when an individual meets the criteria for extended benefits and the activities they are participating in do not meet any of the allowable work activities above. This component is limited as follows:

1. Must be approved by Central Office as part of the approval for extended benefits; and;

2. Can only be used on an extended benefit case.

►NEEDED IN HOME

(Component code: 'NIH')--Needed in the Home is to be used when a TANF participant, who is a parent of a minor child in the household, is needed in the home to care for a temporarily or permanently disabled child or family member (who is of any age but is within the 5th degree of kinship) who is living in the home and who is not attending school on a full-time basis (6 hours per day). This component is limited as follows:

► 1. Must be supported by a statement from a qualified medical professional who is currently involved in the treatment of the disabled individual stating that the person needing care is temporarily or permanently disabled;

► **NOTE:** If the statement indicates the individual is temporarily disabled, it must include a date of when the temporary disability is expected to end.

► 2. The statement must indicate that the TANF participant is needed in the home to care for the disabled individual;

3. Must be approved by a WoRC Monitor;

4. Must be reviewed at least quarterly by supervisor and monitor; and

► 5. The participant is required to maintain bi-weekly (or as deemed practical for the specific situation) contact with the WoRC Case Manager.

A TEAMS case note outlining the use and approval of the NIH code must be entered by WoRC Case Manager.

NEW PARENT WORK ACTIVITY

(Component code: 'BOB')—Birth of Baby is to be used to indicate a TANF participant who has chosen the "New Parent" activity in place of or in conjunction with other allowable work activities.

NOTE: If the participant chooses to participate in other allowable work activities in conjunction with or in place of the new parent activity, they will be held to the requirement to participate fully in the other negotiated work activities or face sanction.

The participant must meet the following criteria to be eligible to choose the "new parent" activity:

1. The participant must be the natural or adoptive parent of the newborn;

2. The participant must be identified as a single parent household on TEAMS (federal regulation);

3. The participant must reside with the newborn.

The participant must sign the HCS-711 "New Parent" Participation Agreement to Participate form indicating their choice of participation with the WoRC Case Manager.

Use of the BOB component code is limited as follows:

1. The newborn child must be coded "IN", "DQ", "SC" or "TR" on SEPA;

2. The newborn child must be under three months of age in the benefit month the code is being used for (not including the month the child turns three months);

3. The participant for whom the BOB component is being used must be tied to the newborn child on PACR; and

4. The code is limited to 12 months in a participant's lifetime. (This limit is currently manually tracked by the WoRC Case Manager.)

A TEAMS case note outlining the use of the BOB code must be entered by the WoRC Case Manager.

NO CHILD CARE/LONG TERM

(Component code: 'NCC')--This component is to be used when a TANF participant is unable to locate long term child care, through no fault of their own. This component is limited as follows:

1. Must be supported by a statement from the local Resource and Referral Agency supporting the lack of appropriate long-term child care;

2. There must be a child under the age of six (including the month they turn six) in the household;

3. Must be approved by a WoRC Monitor; and

4. Must be reviewed at least quarterly by supervisor and monitor.

NOTE: If a household uses child care services from anyone, including family members, for other things such as grocery shopping, attending community events, or for appointments, the no child care (NCC) code is not available for use.

A TEAMS case note outlining the use and approval of the NCC code must be entered by the WoRC Case Manager.

►FAIR HEARING PENDING

(Component code: 'FHP')--This component may only be used by the Eligibility Case Manager and **only** if the participant requests a Fair Hearing and continued benefits during a sanction penalty month or an ineligibility period due to imposition of a second or subsequent sanction. Continued benefits cannot be issued when the issue is the lack of a FIA/EP or WoRC engagement. (TANF 702-4)

► The use of this component code is limited to a one month span. In order to receive TANF cash assistance following the receipt of continued benefits during a sanction penalty month or a one month ineligibility period, a new FIA/EP must be negotiated. This information is included on the A502 "CONT BENEFITS PENDING HEARING" notice.

► The household may use the FHP component code and receive **one month** of continued benefits during a three (3) or six (6) month ineligibility period. If they receive one month of continued benefits, it will count as month '1' in the ineligibility period, however the remaining months of the ineligibility period must be served, prior to being eligible for TANF cash assistance. The household must make application for TANF cash assistance following the ineligibility period. (TANF 702-4)

NOTE: In order to use the FHP component code on the FIA/EP, the sanction must be lifted from the participant. If the sanction is subsequently upheld during the fair hearing process, TEAMS will not allow the sanction to be input "retroactively", however the sanction will count toward the participant. In these situations, the Eligibility Case Manager must enter a

TEAMS case note titled "Sanction #XX Fair Hearing Upheld".

PARENTS AS SCHOLARS

(Component Code: 'PAS')—Parents as Scholars is used only for participants approved to participate in the Parents as Scholars program. Participation in this program is currently on hold. See Section 701-3(a).

DB

ΦΦΦ

Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: Parents as Scholars

Supersedes: **New to Manual**

References: ARM 37.78.103, .807, 825 and 826; MCA 53-4-209; House Bill 555;

GENERAL RULE: House Bill 555 created the Parents as Scholars Program (PAS), which provides that recipients of Temporary Assistance for Needy Families (TANF) be allowed to attend an approved educational program for the purpose of continuation of education leading toward a high school diploma, a general equivalency degree, an associate's degree, or a baccalaureate degree.

Due to federal participation rate requirements, Parents as Scholars participation is limited. The number of slots available, if any, will be set and monitored by Central Office to maintain state participation rates. Slot availability may differ for single and two parent households due to federal participation rate requirements for each and the penalties that would result from not meeting them.

TANF policy limits participants to no more than 12 months of Short Term Training (STT) as a Family Investment Agreement/Employability Plan (FIA/EP) activity in their lifetime. **Prior to being approved for the PAS program, the 12 months of STT must be exhausted**. The twelve months will be utilized as part of a screening process for applicants for the Parents as Scholars program. The applicant will be required to complete an assessment as defined by rule.

ELIGIBILITY CRITERIA

The TANF recipient making application for a limited slot in the Parents as Scholars program must:

1. Meet all basic eligibility requirements for TANF, including income and resource criteria and cooperation with paternity and child support regulations. (See Section 103-3)

2. Qualify as a full-time student by being enrolled at least 12 credit hours each semester or 30 credit hours per year in an approved educational program.

NOTE: An approved educational program is defined as 'a program in a unit of the Montana university system as provided in 20-25-201, a community college, a tribal college, a private college, or any other accredited college in Montana in which

an individual is enrolled in pursuit of an associate's or baccalaureate degree or an accredited high school or training program approved by the department as rule.'

EXCEPTION: On-line post-secondary courses are countable toward the required credits as long as the credits are transferable in their entirety to the Montana university system. The number of credits per semester must be comparable to the number of credits that define a full-time post secondary student in Montana. The student must provide proof that the online college is accredited and credits are transferable to a unit of the Montana University system.

APPLICATION/ APPROVAL PROCESS

Applications for the Parents as Scholars program will be made through the WoRC Program. (See WoRC Manual Section 3.8.) The application packet will be forwarded to Central Office for approval.

The application packet must include:

1. Completed PAS Entry Criteria Checklist;
2. Completed comprehensive plan for earning the degree, if the limited number of TANF months left is less than the time needed to complete the degree.

Once approved, the TANF recipient student must:

1. Continue to meet all basic eligibility requirements for TANF.
2. Complete a 180-hour work activity requirement in each 12-month period of PAS eligibility. This may include work-study, internships, or paid employment.
3. Maintain a cumulative GPA of 2.0 on a 4/0 scale. PAS will match financial aid rules in regard to the GPA and academic probation issues. Verification of current GPA must be provided at the end of each semester as well as verification of registration for classes for the next semester with a minimum of 12 credits.
4. Agree to relocate after graduation, if necessary, to seek employment in a job for which the education was intended.
5. Work toward attainment of a degree not to exceed baccalaureate level or a degree for one vocational training program.

6. Maintain contact with the WoRC case manager and school counselor throughout the PAS participation period to ensure ongoing case management, compliance with the FIA/EP requirements and satisfactory progress in educational activities outlined in the individualized plan.

CASE MANAGEMENT

Students participating in the Parents as Scholars program will be managed through the local WoRC Program. Participation will be recorded on the EMPL screen and TEAMS case notes.

ASSIGNMENT OF SLOTS

Once a TANF recipient student is approved for the PAS program, the slot will be retained during the summer months and school breaks as long as the student continues to meet the PAS criteria. Failure to do so may result in termination of the student's approval to participate in PAS and the slot being assigned to another student.

If there is a waiting list, a decision will be made by Central Office regarding the next approved student on a case-by-case basis.

As each student graduates, the vacant slot will be assigned to another student, with Central Office approval, with consideration of the current participation rate.

SANCTION

Students in the PAS program can be sanctioned upon recommendation from the WoRC Case Manager. (See TANF sanction policy 702-3.) A student who has their first sanction imposed while in the PAS program will retain their slot if they renegotiate their FIA/EP before the end of the penalty month. A student who has their second or subsequent sanction imposed while participating in the PAS program will lose their PAS slot immediately, unless good cause is granted.

DEPENDENT CARE

Dependent daycare will be provided for the hours of school attendance and travel time to and from the childcare provider, with the exception of a $10.00 co-payment, which is the obligation of the student.

TIMECLOCK

Approval for PAS does not extend the Federal or State 60 month timeclock. PAS recipients must meet extended benefit criteria to receive benefits past 60 months.

SR/DB/CWC/JP

ΦΦΦ

Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: WoRC Participation, Documentation & Reconciliation

Supersedes: TANF 701-4 (07/01/07); TB-34 (6/25/07); TB-38 (9/13/07)

References: 45 CFR 261.20-.25; ARM 37.78.102; and .508; Deficit Reduction Act of 2005;

GENERAL RULE -- States must report the actual number of participation hours for each work activity in which an adult (or minor child head of household) participated. The state must report actual participation hours for each benefit month rather than the hours negotiated to ensure "accurate and complete" information is reported in the TANF file. Refer to TEAMS User Guide, 700-p.2, for TEAMS procedures.

NOTE: A state's participation rate is calculated on the participation status of each individual required to participate and is NOT averaged out over the entire caseload.

Reconciliation Processes: Effective October 1, 2006, TEAMS will support the following reconciliation processes and will identify which reconciliation method is used for each employability plan.

a. **Manual Reconciliation:** The manual reconciliation process will enable the WoRC Case Manager to manually reconcile an employability plan when the participant has participated in activities not previously negotiated, or when the participant=s actual hours completed for a component are not equal to the negotiated hours.

b. **Auto-Reconciliation:** The auto-reconciliation process will allow the WoRC Case Manager to indicate the participant has completed his/her employability plan requirements exactly as negotiated. When a 'Y' is placed in the ACTIVITIES COMPLETED column on PARE, TEAMS will automatically reconcile all negotiated activities.

c. **System Reconciliation:** System reconciliation is the monthly process that will automatically reconcile hours associated with the NEW and HNC component codes.

The system reconciliation process to reconcile the NEW and HNC components will run at the end of the benefit month and display on TEAMS the beginning of the reconciliation month. For example, TEAMS will automatically reconcile the NEW and HNC components for the benefit month of April in the system reconciliation process run at the end of April, displaying in May.

►HNC COMPONENT

The HNC component is available for use during manual reconciliation and can be added by a WoRC Case Manager on the Employability Reconciliation screen (EMPR) provided it is being entered for the first two (2) months of benefits. (TANF 701-4)

Hours attributed to the HNC code on EMPL will display on EMPR and can be updated on EMPR as long as the hours edits are met.

RECONCILIATION OF ACTIVITIES

The reconciliation process is focused on specific activities/hours and is necessary to meet federal reporting requirements. During the reconciliation process, the WoRC Case Manager should use the appropriate component codes to indicate the actual activities the participant was engaged in during the month, even if they differ from what was negotiated.

The WoRC Case Manager can use the NPI, NCC, NIH or EBI component codes during reconciliation, if they have been approved by the WoRC Monitor or Central Office.

Example: Joe has negotiated 4 weeks of Job Search (JBS) on his EP for November. On November 29th he contacts his WoRC Case Manager to report he was involved in an accident on November 18th and is in the hospital indefinitely. He provides medical documentation supporting his temporary incapacity.

The WoRC Case Manager will reconcile the first 2 weeks of November using JBS based on actual documentation of Joe's job search activities. The WoRC Case Manager will request approval of the NPI code from the WoRC Monitor and if approved, will reconcile the last 2 weeks of November using NPI.

►PROSPECTED EMPLOYMENT VERIFICATION

If a TANF case is closing (verified by notice of closure from the OPA) and the participant has failed to provide pay stubs or other documentation verifying employment hours for participation purposes, the WoRC program may reconcile hours of employment as follows:

The OPA must have a signed statement or employment verification form from the employer indicating the following:

1. The start date of employment;
2. The anticipated hours of employment; and
3. The hourly wage.

WoRC must obtain a copy of the signed statement or employment verification form for the WoRC case file.

If the above criteria are met, the prospected hours of employment may be used as reconciled hours of employment using the following guidelines:

1. The hours may only be reconciled from the start date of employment; and

2. The reconciled hours may not exceed the "anticipated" hours as stated on the employer statement or form.

►**Example:** Joe reports to the OPA on 10/10/07 that he has gained employment at Rock Hand Hardware. He is given an employment verification form, which he returns to the OPA on 10/15/07. The employment verification form indicates that Joe will begin work on 10/22/07. He will be scheduled to work 35 hours per week (Mon-Fri 7 hours per day) at $8.00 per hour. His TANF case closes effective 10/31/07 due to income.

Joe contacts his WoRC Case Manager and reports the job. He renegotiates his EP to be EMP for 35 hours per week effective 10/22/07. The WoRC Case Manager reminds Joe that he will need to provide pay stubs and/or time sheets to verify the employment hours, but Joe does not provide the information.

If the WoRC Case Manager had obtained a copy of the signed employment verification form, they would reconcile EMPR for October as follows:

CMP	START	END	NEG	REC
EMP	10/22/07	10/28/07	035	035
EMP	10/29/07	10/31/07	021	021

All other activities for October would be reconciled based on the **actual** verified hours of participation.

► **NOTE:** If the employer statement was not provided until 10/22 and case was not closed until 11/30/07, employer statement could be used to reconcile November EMPR.

Example: Susie reports to OPA on 10/25/07 that she was hired at Big Sky Care Center on 10/22/07. She provides a signed statement from the employer which indicates that Susie will begin work on 10/29/07 and is scheduled to work 40 hours per week, Friday – Tuesday 8 hours per day. Susie's TANF case will close effective 11/30/07 due to income.

Susie meets with her WoRC Case Manager and renegotiates her EP for the last week of October and November. The renegotiated EP is as follows:

EMP	10/29/07	10/30/07	016
EMP	11/01/07	11/30/07	160

The WoRC Case Manager reminds Susie that she will need to provide pay stubs and/or time sheets to verify the employment hours, but Susie does not provide the information. If the WoRC Case Manager has obtained a copy of the signed employment statement, they would reconcile EMPR for October as follows:

CMP	START	END	NEG	REC
EMP	10/29/07	10/30/07	016	016

All other activities for October would be reconciled based on the actual verified hours of participation.

The WoRC Case Manager would reconcile EMPR for November as follows:

CMP	START	END	NEG	REC
EMP	11/01/07	11/30/07	160	160

INCARCERATED INDIVIDUALS

Individuals who are incarcerated for less than one week (typically 2-3 days) must be offered the opportunity to "make up" the hours of participation that they were unable to complete due to the incarceration.

If the individual is able to complete the hours and provide verification of the hours and activities, the EMPR screen will reflect the activities and no sanction will be recommended. If the individual does not complete the hours and provide verification, a sanction should be recommended.

Individuals who are incarcerated for more than one week will not be able to "make up" the hours of participation they are unable to complete due to the incarceration. Therefore, a sanction for non-compliance with allowable work activities should be recommended.

NOTE: Even though some jails offer internet access, etc., which may allow the individual to complete job search, etc., activities performed while incarcerated are not allowable work activities. (TANF 701-3)

If the individual who is incarcerated will not be returning to the household before the next month's benefits are issued, they are not considered temporarily absent and will be removed from the household for the next month. (TANF 302-1)

►EXCUSED ABSENCES

All TANF participants involved in unpaid allowable work activities are allowed up to 10 excused absence days in a 12-month period. The 12-month period will begin with the first month of TANF benefits received following application and extend 12 months forward.

► **Example:** Joe applies for TANF on 1/27/08 but asks that TANF begin on 2/1/08. The first month in the 12-month period is 02/08.

► **NOTE:** If a TANF participant has a break in receipt of TANF cash assistance for any reason, for at least one month, a new 12-month period begins.

► **Example:** Joe applies for and receives TANF from 02/01/08 through 06/30/08. TANF closes effective 6/30/08. During the time period from 02/01/08—06/30/08 Joe uses 8 of his excused absences. On 9/18/08 he reapplies for TANF and is eligible effective 9/18/08. A new 12-month period begins effective 09/08 and would continue forward for 12 months.

► Use of these excused absence days is limited as follows:

1. The participant must have good cause, as defined in TANF 1509-1, for not participating;

2. The participant may not use more than two (2) excused absences in one month;

3. The participant may not exceed 10 excused absences in any 12-month period; and

4. The use of the excused absence days is limited to unpaid allowable work activities.

► The WoRC Case Manager must manually track the use of excused absence days in the case file.

►EXCUSED ABSENCE RECONCILIATION

If a participant meets the above criteria for an excused absence, eight (8) hours should be reconciled toward the specific activity/component, in addition to all other actual, verified participation hours. This may result in full hours being reconciled on TEAMS.

► **NOTE:** If the activity/component is a secondary activity, it is limited to five (5) hours in a 2-parent household.

A case note must be entered regarding the use of the excused absence.

► **Example:** John is scheduled to participate in a WEX placement for 33 hours per week in April. He is absent from the WEX site one day due to illness. He completes full WEX participation the rest of the week (25 hours) as verified by the WEX site supervisor. The WoRC Case Manager verifies that Joe has an excused absence day available, and has good cause for missing the activity. The WoRC Case Manager would reconcile a full 33 hours of WEX on EMPR for the week.

►GOOD CAUSE/ NO EXCUSED ABSENCE

If a participant has good cause for not participating, but does not have an excused absence day available, the activity/component would be reconciled only with actual, verified participation hours on EMPR. A sanction would not be recommended however, as good cause exists.

Example: Same scenario as above. John is scheduled to participate in WEX placement for 33 hours per week in April. He is absent from the WEX site one day due to illness. He completes full WEX participation the rest of the week (25 hours) as verified by the WEX site supervisor. The WoRC Case Manager verifies that Joe has already used two (2) excused absences in April. The WoRC Case Manager would reconcile the actual 25 hours of participation on EMPE for the week. A sanction would **NOT** be recommended as Joe has good cause for non-participation.

►HOLIDAYS

All TANF participants involved in unpaid allowable work activities are allowed no more than 10 holidays in any Federal Fiscal year (October 1 – September 30). The State has designated the following holidays as allowable holidays, no other holidays are allowed:

Columbus Day	Martin Luther King, Jr. Day
Veteran's Day	President's Day
Thanksgiving	Memorial Day
Christmas	4th of July
New Year's Day	Labor Day

► **NOTE:** Because of the limitation on the holidays to 10 within any Federal Fiscal year, the "count" of holidays does not start over if there is a break in TANF assistance.

Use of the 10 holidays is limited as follows:

1. The use of the holiday day is limited to unpaid allowable work activities;

NOTE: If the participant is involved in employment, the place of employment is closed for the holiday, but the participant is not paid for the holiday, there is no leave day allowed for the holiday. The participant must make up the lost hours in another activity or throughout the month.

2. The participant must have been scheduled to participate in the unpaid allowable work activity; and

3. The holiday must be included in the list of allowable holidays above.

The WoRC Case Manager must manually track the use of holidays in the case file.

HOLIDAY RECONCILIATION

If a participant meets the above criteria for holiday, eight (8) hours should be reconciled toward the specific activity/component, in addition to all other actual, verified participation hours. This may result in full hours being reconciled on TEAMS.

NOTE: If the activity/component is a secondary activity, it is limited to five (5) hours in a 2-parent household.

A case note must be entered regarding the use of the holiday.

Example: Susie is scheduled to participate in a WEX placement at Rocky Mountain Federal Credit Union for 33 hours per week in October. The credit union is closed on Columbus Day. Susie does not make up the hours missed that day, but does complete full WEX participation the rest of the week as verified by the WEX site supervisor. The WoRC Case Manager verifies that Columbus Day is one of the allowed holidays. The WoRC Case Manager would reconcile a full 33 hours of WEX on EMPR for the week.

Example: John is employed part-time at McDonald's. He is scheduled to work 20 hours per week and has negotiated the employment of 20 hours as an allowable activity on his EP. He is also scheduled to complete 20 hours a week at a WEX site at Good Samaritan.

McDonald's is closed on Christmas and John is not given additional shifts that week. He only works 16 hours that week, as verified by pay stubs. John is not paid for the holiday. The WoRC Case Manager would reconcile 16 hours of EMP on EMPR for the week and attempt to reconcile another primary activity for the additional hours. John may make up the additional hours throughout the month.

Good Samaritan is also closed on Christmas. John completes the remaining hours of WEX during the week. Because John meets the criteria for a holiday absence, in this activity, the WoRC Case Manager would reconcile 20 hours of WEX on EMPR for the week.

Example: John is employed part-time at McDonald's. He is scheduled to work 20 hours per week and has negotiated the employment of 20 hours as an allowable activity on his EP. He is also scheduled to complete 20 hours a week of self-directed job search.

John verifies that he completed 12 hours of self-directed job search in the week. He is given a holiday absence for Christmas of eight (8) hours. The WoRC Case Manager would reconcile 20 hours of JBS on EMPR for the week.

McDonald's is closed on Christmas and John is not given additional shifts that week. He only works 16 hours that week, as verified by pay stubs. John is not paid for the holiday. The WoRC Case Manager would reconcile 16 hours of EMP on EMPR for the week and attempt to reconcile another primary activity for the additional hours. John may make up the additional hours throughout the month; if not, he is out of compliance and may be sanctioned.

DOCUMENTATION/ VERIFICATION OF ACTIVITIES

Documentation/verification of all activities completed by the participant and reported in the TANF File must be maintained in the WoRC case files. The types of documentation and verification may vary, depending on the activity the participant is engaged in. For more information, please refer to the WoRC Guidelines.

DB

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Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: Conciliation

Supersedes: TANF 702-1 (07/01/04)

References: 45 CFR 261.13 - .15; ARM 37.78.102, .216 and .506

► GENERAL RULE– If the participant fails to comply with the terms of the Family Investment Agreement/WoRC Employability Plan (FIA/EP), the WoRC Case Manager must begin the formal conciliation process.

When an individual negotiates a FIA/EP after a sanction or at application when a history of non-compliance is documented and the case was **closed on TEAMS** within the last 90 days, a **new** 90-day conciliation period is started. The conciliation agreement is filled out at the same time the new FIA/EP is developed.

► **NOTE:** If the conciliation agreement is signed during a sanction month, in order to resume TANF benefits for the sanctioned individual, the effective date of the 90-day conciliation period is the first of the following month. The sanction period has been served and the participant is required to participate in the negotiated FIA/EP activities.

► If the conciliation agreement is signed during a time period when there is no sanction, the effective date of the 90-day conciliation period is the date the agreement is signed. (Example: A participant is not fully compliant and is at risk of a sanction if this continues. The WoRC Case Manager develops a conciliation agreement with the participant in order to rectify the situation and to avert a sanction).

ACCEPT AND MAINTAIN EMPLOYMENT

Because 'MAE' (accept and maintain employment) is a mandatory activity, a conciliation is not done if the participant turns down or loses a job. A meeting is held to determine if there is good cause, as defined in section 1509-1; or to see if the WoRC Case Manager can assist the participant in getting rehired at the same job. If good cause does not exist, or the participant is not immediately rehired, a sanction is imposed.

LOSS OF CONTACT

A sanction should not be recommended if the WoRC Case Manager has conclusive evidence that the participant has moved (e.g., landlord states the participant has moved). In these situations, the case should be closed. Send appropriate closure notice and document TEAMS Case Notes (CANO).

A three-step process should be used to establish a loss of contact.

1. At least one documented attempt to contact the participant **by mail** (conciliation appointment letter).

   NOTE: If mail is returned with no forwarding address, the other two attempts are not required.

2. At least one documented attempt to contact the participant **by phone** (if available) and/or a referral to the sanction intervention entity/team to make alternative contact.

3. At least one documented attempt to contact the participant through a **home visit**.

EXAMPLE: The WoRC Case Manager has not had contact with any household members. The participant has not shown up for appointments and has not turned in required participation verification.

ACTION:

1. Send a **notice** to the participant requesting that they attend a conciliation meeting. If the participant does not attend the conciliation meeting, move on to step 2.

2. Make a documented attempt to contact the participant by **phone/alternative** contact. If no contact made proceed, to step 3.

3. Make a documented attempt to contact the participant by a **home visit**.

4. If the participant is home, continue with the conciliation process.

5. If conclusive evidence shows the participant has moved, recommend case closure for **loss of contact** using the information exchange form. Do not recommend a sanction.

6. If no conclusive evidence that the family has moved, proceed to a sanction recommendation.

CONCILIATION PROCESS

The conciliation process begins with a face-to-face meeting between the participant, the WoRC Case Manager, and at the **option** of the participant, an advocate or other representative. If the participant does not respond to the initial request for a conciliation meeting, a home visit must be made (see loss of contact procedure above). If a home visit cannot be conducted due to a history of violence, threats, etc., a neutral site arrangement is mandatory. Document in TEAMS case notes (CANO).

If the WoRC Case Manager is able to locate the participant but they **refuse** to participate in a conciliation meeting, the WoRC Case Manager should proceed with a sanction recommendation (Section 702-2).

NOTE: A list of advocates should be provided to the participant upon request. WoRC Case Managers cannot be advocates for the conciliation process.

At this meeting, the participation expectations are clarified and restated. This may be a repeat of the original activities or it may be specific new activities, which will include needed assessments. However, conciliation activities must be listed in detail on EMPL so it is very clear what is expected.

The participant will, by signing the conciliation form, agree to participate fully in the currently negotiated activities or newly negotiated activities for a 90-day conciliation period. If at any time during the conciliation period the participant fails to comply with any activity without prior notice or timely explanation, a recommendation for sanction will be made without another meeting.

During the 90-day conciliation period, the WoRC Case Manager meets **weekly** with the participant to provide assistance and support with the agreed-upon activities. Phone contact may be appropriate for some of the weekly meetings but not all.

WoRC Case Managers must also follow through on assessments and referrals (i.e., setting up appointments, contacting the referral agency, finding out the results of the assessments, negotiating and planning further activities based upon the results, etc.). Home visits may be appropriate during the conciliation period but are not required prior to recommending a sanction.

It should be noted that the intent of the conciliation period is to help the participant re-engage in meaningful activities that will provide progress toward self-support and success. Some flexibility will be needed as the uniqueness of each case is considered.

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Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: WoRC Sanction Process/Good Cause

Supersedes: TANF 702-2 (07/01/07);

References: ARM 37.78.102, .216, .506 and .508; Deficit Reduction Act of 2005;

► GENERAL RULE—TANF cash assistance participants who are required to participate in allowable work activities and are referred to the Work Readiness Component (WoRC) program for case management must negotiate and sign an individualized Employability Plan (EP). This EP lists the allowable work activities the individual has agreed to participate in; in order to meet the federal participation requirements. The individual also agrees to provide verification and documentation of their participation in the allowable work activities to their WoRC Case Manager.

► Failure to participate in the allowable work activities and/or provide verification and documentation of participation in the allowable work activities, without good cause, will result in the initiation of the sanction process.

ACCEPT AND MAINTAIN EMPLOYMENT

Because 'MAE' (accept and maintain employment) is a mandatory activity, a TANF participant can be sanctioned for failure to accept or maintain employment, without good cause (TANF 1509-1).

► If the participant reports the loss of employment to the WoRC Program, the WoRC Case Manager should notify the OPA Eligibility Case Manager immediately so a request for information notice can be sent.

► If the participant reports the loss of employment to the Eligibility Case Manager or the WoRC Case Manager reports the loss of employment, the Eligibility Case Manager will send an X009 notice requesting information regarding the loss of employment and good cause verification. If the participant does not respond to the notice or does respond but does not have good cause or cannot verify good cause, the sanction process is initiated.

►NO SANCTION RECOMMENDATION

A WoRC Case Manager should **not** recommend sanction in the following situations:

1. They have conclusive evidence that the participant has moved (e.g., landlord states the participant has moved, the participant has notified WoRC they are moving, etc.); or

2. **The participant has gained employment.**

In these situations, the WoRC Case Manager must notify the Eligibility Case Manager of the change and share the verification with the Eligibility Case Manager. The Eligibility Case Manager would send appropriate closure notice and document TEAMS Case Notes (CANO).

►SANCTION PROCESS

The Sanction Process begins with the WoRC Case Manager. The WoRC Case Manager completes the "FACTS" and "CASE MANAGER'S ACTIONS TAKEN TO AVOID SANCTION" sections of the HCS-766, "Sanction Recommendation" form stating the specifics of the non-compliance that triggered the sanction recommendation.

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The HCS-766 "Sanction Recommendation" form must be submitted to the OPA **anytime a participant is out of compliance** and the participant does not have good cause for non-compliance, or the participant has not provided verification of the good cause for non-compliance within 10 days of the request. (See General Rule). **The form must be submitted even if the TANF case is closed.**

The HCS-766 and all supporting documentation are submitted to the OPA by fax, as an attachment to an email or by hand delivery. The date the Sanction Recommendation form is received and date-stamped in the OPA is the date of the "sanction recommendation."

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Once the OPA receives the sanction recommendation form, the Sanction Review Committee must meet within three (3) working days to determine whether or not the sanction is appropriate.

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NOTE: The OPA Eligibility Case Manager would not take action on the sanction recommendation until the Sanction Review Committee has made a decision on the recommendation.

►SANCTION REVIEW COMMITTEE

A Sanction Review Committee must be established in every county/region. The Sanction Review Committee must include someone from the OPA and should include the primary WoRC Case Manager.

REVIEW STEPS

The Committee takes the following steps:

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1. Assess the circumstances and documentation provided by WoRC Case Manager or OPA Eligibility Case Manager;

2. Determine whether or not the sanction is appropriate and should be imposed or if further action must be taken to reconcile the situation;

►

3. Complete the "SANCTION REVIEW COMMITTEE ACTION" section of the HCS-766 (including signatures of all the committee members).

►SANCTION IS APPROPRIATE

If the Sanction Review Committee determines the sanction is appropriate, the following steps will be taken:

WoRC Case Manager

If it is before the 15th of the month, the WoRC Case Manager will change the 'Y' to an 'N' in the CMPLY field on EMPL next to the appropriate component.

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If it is after the 15th of the month, the WoRC Case Manager will not change the 'Y' to an 'N' in the CMPLY field on EMPL, unless the Eligibility Case Manager has confirmed the sanction can be imposed with timely notice.

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NOTE: If the sanction cannot be imposed for the following month, the sanction recommendation form will be retained in the OPA and the sanction imposed for the future month. In this instance, the WoRC Case Manager will enter the 'N' in the CMPLY field on EMPL the first of the next month.

Eligibility Case Manager:

The Eligibility Case Manager will:

1. Enter the sanction on TEAMS (TANF 702-3);
2. Document action taken in TEAMS case notes (CANO); and
3. Send appropriate TEAMS notice.

►APPROPRIATE NOTICE

The determination of which notice is appropriate will depend on the following:

1. The outcome of the sanction; does it result in a penalty month or an ineligibility period;
2. Whether or not the sanctioned individuals is a 'work-eligible' individual and required to negotiate a Family Investment Agreement/Employability Plan (FIA/EP) during a penalty month; and
3. Status of the case, e.g., open or closed.

►OPEN CASE/ TIMELY NOTICE

If the case is currently open and receiving TANF cash assistance, timely notice of the sanction and imposition of the penalty month or ineligibility period must be sent. The penalty month or ineligibility period will begin the month following timely notice.

►CLOSED CASE/ ADEQUATE NOTICE

If the case is currently closed, for whatever reason, and closure notice h previously been sent, adequate notice of the sanction is appropriate. (TANF 702-3)

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If the sanction results in an ineligibility period, the disqualification period will begin the month following adequate notice and will 'tick' continuously through the ineligibility period, e.g., 3 or 6 months.

►GOOD CAUSE

The TEAMS notice informs the participant that they have 10 days to request and verify good cause for not completing or verifying the negotiated activities. If good cause is not verified by the participant, the sanction will remain imposed. (TANF 702-3)

►SANCTION NOT APPROPRIATE

If the Sanction Review Committee determines the sanction is not appropriate and that further action should be taken or attempts to reconcile the situation should be made, the following steps will be taken:

1. The committee will identify the action to be taken;
2. The committee will notify the WoRC Case Manager; and
3. The sanction action will be postponed.

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If, after the further action is taken, the issues are resolved, the sanction will not be imposed. If the issues are not resolved, the sanction will be considered appropriate (see 'Sanction Is Appropriate' section above.)

SANCTION REVIEW FORM

At least ten days after the action taken on the case send the completed HCS-766 to Central Office (Attn: Linda Snedigar) regardless of the committee's decision. Waiting the 10-days but no more than 30 days, allows time for the participant to present good cause reasons.

►GOOD CAUSE

If at any time prior to the start of the penalty period the participant **requests and provides verification** of good cause for not completing activities or providing verification of participation in activities, the sanction can be lifted. (TANF 702-3)

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If good cause is requested and verified by the participant after the penalty period has started, it will be evaluated on a case by case basis.

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If the participant contacts (either verbally or in writing) either the Eligibility or WoRC Case Manager to provide reasons for good cause **and is able to provide verification of the good cause**, the Sanction Review Committee must review the circumstances causing the failure to comply and evaluate for good cause (TANF 1509-1).

NOTE: Good cause can be provided in the form of doctor's statements, medical bill, police report, employer statement, etc. In order to provide good cause, the participant does not have to and cannot be required to meet with either the WoRC or Eligibility Case Manager.

Due to situational variables and the "gray" areas of case management, the participant's reason(s) may not meet any of the 'good cause' criteria. The Sanction Review Committee must then consider other possibilities on a case by case basis.

GOOD CAUSE PROCEDURE

Responsibility		ACTION
►Participant:	1.	Contact either the Eligibility or WoRC Case Manager to request **and provide verification of** good cause reasons for not complying with negotiated activities.
►Eligibility/WoRC Case Manager:	2.	Complete the "EVALUATING GOOD CAUSE" section of the HCS-766 stating the participant's good cause reasons. Present the information **and verification** of the good cause to the Sanction Review Committee.
Review Committee:	3.	If good cause is approved, request that an Eligibility Supervisor lift the sanction. (TANF 702-3)
►Eligibility Case Manager:	4.	Send notice to the participant of the good cause approval and the requirement to negotiate a new Employability Plan (EP) prior to additional benefits being issued. Supplement or restore benefits once the EP is negotiated.
	5.	If good cause is denied, send notice informing the household that good cause has been denied. If this is the first sanction, and the individual is a 'work-eligible' individual, the participant will need to contact the Eligibility Case Manager to negotiate a Family Investment Agreement/WoRC Employability Plan (FIA/EP) for the penalty month, in order to receive the decreased amount of TANF benefits. If the participant fails to negotiate a FIA/EP for the penalty month, the case is closed for failing an eligibility requirement.
►		If the participant is not a 'work-eligible' individual, the participant will need to negotiate a FIA/EP for the month after the penalty month to allow the household to receive further TANF cash assistance

benefits. Failure to negotiate a FIA/EP for the month following th(penalty month will result in case closure for failing an eligibility requirement. (A sanction ineligibility month will not be automatically imposed. See TANF 702-3)

6. Send the HCS-766 along with any other supporting documentation to Central Office (Attn: Linda Snedigar).

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Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: Sanction

Supersedes: TANF 702-3 (07/01/07); TB035 (06/25/07)

References: 45 CFR 261.13 -.15; ARM 37.78.102, .103, .216, .506 and .508; Deficit Reduction Act of 2005;

► GENERAL RULE– There are specific eligibility requirements TANF cash assistance participants must fulfill to remain eligible for benefits. A sanction is imposed when the TANF cash assistance participant, who is required to complete a Family Investment Agreement and WoRC Employability Plan (FIA/EP), fails or refuses to comply with, or verify participation in, activities negotiated with either Tribal NEW or WoRC.

► **NOTE:** A sanction will not be imposed if good cause for failure to comply with, or verify participation in, activities is requested and verified by the participant. (TANF 702-2)

A sanction has two elements:

1. evaluation of good cause (Sections 702-2 and 1509-1), and
2. penalty.

FS NON-COMPLIANCE The Food Stamp allotment must be redetermined when there is a TANF non-compliance. Refer to FS Policy Manual section 602-5.

►SUPPORTIVE SERVICES Supportive Service payments are not allowed for any sanctioned individual during the one-month decrease/penalty month, **unless** the sanctioned individual is a work-eligible individual (natural or adoptive parent) who is mandated to participate in activities during the sanction penalty month and has negotiated and agreed to comply with allowable work activities during the sanction penalty month. (TANF 704-1)

► Supportive services are not allowed for any sanctioned individual who chooses to participate during the one month ineligibility period.

NOTE: Individuals who are sanctioned for a three (3) or six (6) month ineligibility period are not eligible to participate during the ineligibility period.

►SANCTION COUNTER

Effective January 1, 2008, changes to the sanction policy were implemented. At this time the sanction "counters" for all TANF participants were reset to zero (0). These "counters" track the number of sanctions the individual has received under current sanction policy.

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NOTE: The 'historical' information on sanctions will remain in TEAMS in order to determine the overall number of sanctions an individual has had imposed.

►SANCTION PERIODS

Effective January 1, 2008, the sanction policy is as follows:

1st Sanction:
One (1) month penalty period for the sanctioned individual(s)

2nd Sanction:
One (1) month total household ineligibility period

3rd Sanction:
Three (3) month total household ineligibility period

4th and subsequent sanction:
Six (6) month total household ineligibility period

►PENALTY PERIOD (MONTH)

The month of the 1st sanction is referred to as the 'penalty month' because there is the penalty of a reduced benefit. The sanctioned individual is still considered eligible for benefits. However, the household's grant will decrease by an amount equal to one person's share of the payment and the individual may be required to participate in activities during the reduction month.

(See section titled "Participation During the One-Month Decrease.")

The reduction is accomplished by coding the sanctioned individual(s) as 'DQ' on SEPA with an 'SN' reason code. If two individuals are sanctioned, the reduction is equal to two people's share of the payment.

The one-month decrease begins the first of the month after giving timely notice to the participant. If the benefit month has been authorized, TEAMS will deauthorize and the deauth message will be displayed. If timely notice cannot be sent, the imposition of the one-month decrease must be set to begin the next benefit month.

During the one-month decrease, the sanctioned individual's time clock continues to increment - "tick" – regardless of their participation requirements. If the case is closed, the timeclock does not increment. (See Section 802-1 for timeclock information.)

NOTE: In order for the clock of a sanctioned teen parent (Adult/Child indicator 'I') to tick during a sanction, the PTP exemption code must be removed from AF SEPA. An alert should be set to re-enter the PTP exemption code once the sanction has been served.

►PARTICIPATION DURING THE PENALTY MONTH

If the sanctioned individual is considered a "work-eligible individual" (TANF 701-1), they are required to negotiate, sign and comply with a FIA/EP during the sanction penalty month. The FIA/EP may contain different work activities than were previously negotiated. During that month, childcare coverage will still be available to allow the sanctioned parent to participate in the negotiated work activities. Supportive services also may be available to allow the "work-eligible individual" to continue to participate during the penalty month.

NOTE: If the sanctioned "work-eligible individual" fails to negotiate a FIA/EP for the sanction penalty month by the last day of the month preceding the sanction penalty month (or the first working day following the last day of the month if the last day of the month is on a weekend or holiday), the case is closed for failing an eligibility requirement. No decreased benefits are issued.

If the household subsequently reapplies for TANF after the effective date of closure, for the sanction penalty month, the sanctioned "work-eligible individual" and any other work-eligible individuals are required to negotiate a FIA/EP for the sanction penalty month, before benefits can be authorized. The sanctioned individual remains coded 'DQ/SN'. Benefits will be pro-rated for the sanction penalty month based on the criteria outlined in TANF 103-5.

If the sanctioned individual is **not** required to negotiate a FIA/EP and agree to participate in work activities during the sanction penalty month, (TANF 701-1) but wants to continue to participate in previously negotiated activities during the one-month decrease, they can.

During the penalty month childcare coverage will still be available to allow the sanctioned individual to participate in those activities. However, if the non-parent fails to participate after choosing to continue to participate, no additional penalties are imposed. If the individual is participating in a WEX, Worker's Compensation coverage will also continue for the month. Supportive services will not be allowed as the sanctioned individual is not a "work-eligible" individual.

►ENDING THE FIRST SANCTION

During the one-month decrease, a participant who is **not** required to negotiate a FIA/EP and agree to participate in work activities during the sanction penalty month (See Participation During the One-Month Decrease Section) may end the first sanction by negotiating a new FIA/EP for the **next** month. If the FIA/EP is negotiated prior to the last day of the sanction penalty month, full benefits will be reinstated the first of the **next** month once all requirements are met.

► **NOTE:** Failure to negotiate a new FIA/EP by the end of the sanction penalty month will result in case closure. However, the participant may reapply for TANF cash assistance at any time following case closure. (The household is no longer subject to an "automatic" ineligibility month.)

1. If the case has been closed, TEAMS will not allow the case to be reverted to open based on the sanction. In this instance, an application must be registered using the date of request as the application date and the first of the next month as the benefit start date. If the case was not closed yet, move on to step 2.

2. The Eligibility Case Manager would change the individual's participation code on SEPA from 'DQ' to 'IN' for the **next** month.

3. A referral would be made to either Tribal NEW or WoRC on EMP (A referral to WoRC will trigger an alert on RELI).

4. If the referral is to NEW, benefits can be authorized for the next month and if the case has been closed, send TEAMS notice X-501 "Revert to Open".

5. If the referral is to WoRC, benefits cannot be authorized until the participant negotiates a Family Investment Agreement/WoRC Employability Plan (FIA/EP). If the case was closed, send TEAMS notice X501 once the FIA/EP is negotiated.

►INELIGIBILITY PERIOD

The 'ineligibility period' refers to the time period for total case closure and an ineligibility period imposed against all required filing unit members at the time of the sanction, or all individuals who enter the household during the ineligibility period and who would have been a required filing unit member at the time of sanction.

► The sanction ineligibility periods increase depending on the number of sanctions the participant has imposed against them. (See 'SANCTION PERIODS' section on page 2.)

►PENALTY/ INELIGIBILITY PERIOD FOLLOWS INDIVIDUAL

If a sanctioned member leaves the assistance unit and moves into another TANF household, the sanction/ineligibility month follows him/her to the other household.

There are two (2) exceptions to the ineligibility period following the children in a sanctioned household to another household:

► 1. If the child (or children) who is subject to the sanction ineligibility period is removed from the home by Child and Family Services, placed in another household **and is eligible for child only TANF** in the other household, the child (or children) may receive **child only** TANF cash assistance during the time period he/she is placed with another household; or

► 2. If the child (or children) who is subject to the sanction ineligibility period is living in another household who **makes application for and is eligible for child only TANF,** the child (or children) may receive child only TANF cash assistance during the time period he/she is living in the other household.

NOTE: **All** eligibility criteria for child only TANF, including completion of a child support referral on all absent parents, must be met.

►INELIGIBILITY PERIOD EXAMPLES:

Example 1: Mom and 2 children are receiving TANF. Mom is sanctioned and a three (3) month ineligibility period is imposed for the months of June, July and August. The ineligibility period is imposed against Mom and the 2 children. On August 5th she reports that another child has returned to her household. She applies for TANF cash assistance for that child. Because the child would have been a required filing unit member at the time of sanction, he/she is not eligible for TANF cash assistance until the end of the sanction ineligibility period.

Example 2: Dad and 1 child are receiving TANF. Dad is sanctioned and a three (3) month ineligibility period is imposed for the months of July, August and September. His case is closed effective June 30. On August 10th his mother (Grandma) makes application for child only TANF, indicating she has the child in her home. Grandma provides all required information and verification and is otherwise eligible for child only TANF for the child. TANF is issued for the child effective August 10th.

Example 3: Same example as #2 except on August 10th the mother of the child makes application for TANF, indicating the child is now living with her. Because Mom is a required filing unit member, the child is not eligible for child only TANF. Therefore, the application is denied.

►PARTICIPATION DURING THE ONE-MONTH INELIGIBILITY

If any participant wants to continue to participate in previously negotiated activities during a one-month ineligibility period, he/she can.

During that month, childcare coverage will still be available to allow the sanctioned individual to participate in those activities. However, if the individual fails to participate after choosing to participate, no additional penalties are imposed. If the individual is participating in a WEX, Worker's Compensation coverage will also continue for the month. Supportive services will not be available during the ineligibility period.

► **NOTE:** If any participant wants to participate in employment and training opportunities offered through the WoRC Program during the three (3) or six (6) month ineligibility period, they will not be considered a TANF participant during the ineligibility period. TANF childcare is not available during the ineligibility period. Worker's Compensation coverage is also not available during the ineligibility period. Supportive services are not available during the 3 or 6 month ineligibility period.

►TIMECLOCK DURING INELIGIBILITY PERIOD

The timeclock does not increment during the ineligibility period unless the participant requests and receives continuation of benefits **for one month** pending a Fair Hearing. Once the benefit is authorized, the timeclock will increment ("tick") even if the Hearings Officer rules in favor of the State and the participant is required to repay the benefits.

► In this situation, the participant will be considered to have served one month of the ineligibility period due to having to repay the continued benefits.

►APPLICATION FOLLOWING INELIGIBILTY PERIOD

The household must complete a new Application for Assistance (HCS-250) if they wish to receive TANF cash assistance after the ineligibility period, regardless of participation during the ineligibility period.

EXCEPTION: If the household has requested and received continued benefits pending a fair hearing for one month during a one month ineligibility period, they do **not** need to complete a new application, but must negotiate a new FIA/EP prior to receiving further TANF cash assistance benefits. (The A502 "Continued Benefits Fair Hearing Sanction" notice has been updated to include this requirement.)

►INTENSIVE CASE MANAGEMENT (ICM) MEETING

Individuals who are applying for TANF cash assistance and who have been sanctioned at least twice since January 1, 2008 are required to participate in an intensive case management (ICM) meeting within the first 30 days of TANF eligibility. Failure to participate in the ICM meeting within the first 30 days of TANF eligibility will result in case closure for failing an eligibility requirement.

NOTE: Timely notice of closure must be sent.

If the individual fails to participate in the ICM meeting and the case is subsequently closed; if the individual later reapplies for TANF cash assistance, the individual will be required to participate in and complete the ICM meeting **prior** to TANF benefits being authorized. (TANF 300)

►ICM MEETING/ TRIBAL NEW

If the individual who is applying and is required to participate in an ICM meeting is being referred to Tribal NEW for case management services, they will not be mandated to participate in an ICM meeting, unless Tribal NEW determines it is appropriate.

NOTE: The OPA Eligibility Case Manager must note the fact that the individual has been sanctioned at least twice since January 1, 2008 on the referral to Tribal NEW.

►ICM MEETING/ WORC REFERRAL

If the individual who is applying and has been sanctioned at least twice is being referred to WoRC for case management services, the following process will be followed in regards to the ICM meeting:

►OPA Eligibility Case Manager:

The OPA Eligibility Case Manager will review the Sanction Person History (SAPH) for all TANF cash assistance applicants to determine if the individual has been sanctioned at least twice since January 1, 2008.

If the individual has been sanctioned at least twice since January 1, 2008, they are required to participate in an ICM meeting as follows:

1. If the individual, who is required to participate in an ICM meeting, has not previously been required to participate in an ICM meeting, the OPA Eligibility Case Manager will inform the individual of the requirement to complete the ICM meeting within the first 30 days of eligibility, or their case will be closed.

2. If the individual, who is subject to the ICM meeting, had previously been required to participate in an ICM meeting, failed to do so and their case closed for failing the eligibility requirement, the OPA Eligibility Case Manager will inform the individual of the requirement to complete the ICM meeting prior to TANF benefits being authorized. (TANF 300)

►

The OPA Eligibility Case Manager will indicate the need for an ICM on the WoRC Referral form or via email or phone call to the WoRC Operator. The information provided to the WoRC Operator must indicate whether the applicant is required to complete the ICM prior to TANF benefits being issued or within the first 30 days of eligibility.

►WoRC Case Manager:

When the WoRC Case Manager receives information indicating the need for an ICM meeting, the following steps will be taken:

If the individual has been sanctioned at least twice since January 1, 2008, **and was not previously required to complete an ICM meeting**, the WoRC Case Manager will take the following steps:

1. Review the purpose of the ICM meeting with the TANF applicant;
2. Notify them of the requirement to participate in the ICM meeting within the first 30 days of eligibility or face case closure;
3. Complete the ICM Meeting form which identifies the date and time of the ICM meeting as well as the agencies/entities that the participant wishes to have present during the ICM meeting;
4. Require the TANF participant to sign the form as well as appropriate Releases of Information forms;
5. Provide copies of the ICM Meeting form to the participant, the OPA Eligibility Case Manager and retain a copy in the WoRC case file; and
6. Send letters regarding the ICM Meeting to the agencies/entities identified on the ICM Meeting form, along with the release of information signed by the participant.

►OPA Eligibility Case Manager:

Upon receipt of the ICM Meeting Form, the Eligibility Case Manager will take the following steps:

1. Schedule to attend the ICM meeting, or identify someone who will represent the OPA at the meeting; and
2. Set alert to provide timely notice of closure by the **15th of the following month**, if the ICM Meeting has not been completed.

►WoRC Case Manager

If the individual has been sanctioned at least twice since January 1, 2008, **was previously required to complete an ICM Meeting, and was closed for failure to complete the ICM Meeting**, the WoRC Case Manager will take the following steps:

►WoRC Case Manager cont.

1. Review the purpose of the ICM meeting with the TANF applicant;
2. Notify them of the requirement to participate in the ICM meeting prior to authorization of TANF cash assistance;
3. Complete the ICM Meeting form which identifies the date and time of the ICM meeting as well as the agencies/entities that the participant wishes to have present during the ICM meeting;
4. Require the TANF participant to sign the form as well as appropriate Releases of Information forms;
5. Provide copies of the ICM Meeting form to the participant, the OPA Eligibility Case Manager and retain a copy in the WoRC case file; and
6. Send letters regarding the ICM Meeting to the agencies/entities identified on the ICM Meeting form, along with the release of information signed by the participant.

OPA Eligibility Case Manager:

Upon receipt of the ICM Meeting Form, the Eligibility Case Manager will take the following steps:

1. Schedule to attend the ICM meeting, or identify someone who will represent the OPA at the meeting; and

3. Set alert to deny the application for failure to complete the ICM Meeting if not completed within 30 days.

►ICM MEETING ATTENDEES

The ICM meeting should include the WoRC Case Manager and/or supervisor, the OPA County Director and/or supervisor, the Eligibility Case Manager and any other entities or agencies that the participant has indicated he/she would like to have involved. For example, advocates for the participant, counselors, Voc-Rehab, etc.

►PURPOSE OF ICM MEETING

The purpose of the ICM meeting is to discuss the reasons for non-compliance and to assist the participant in identifying reasons for non-compliance. The ICM meeting may also identify appropriate measures, accommodations and/or referrals that can assist the participant in engaging in the allowable work activities.

►SANCTIONED INDIVIDUAL LEAVES HOUSEHOLD

If the household reports that the sanctioned individual has left the household during a sanction penalty month, the household is required to complete the HCS-262 "Household Member Absence" form. The information on the form will be used to make a determination of whether or not the member is considered to be temporarily absent. (TANF 302-1) Household composition should be considered questionable and verification requested. (TANF 201-3; 103-4)

►

If the verification indicates the sanctioned individual is not temporarily absent the sanctioned individual must be removed from the household. In order to do this, the sanction must be lifted via SAMA (see cancel/remove a sanction process on page 10). Once the sanction is lifted, the individual must be coded 'OU' on AF SEPA and removed from the household via DECC. Benefits for the remaining household members may be issued, provided all other eligibility criteria are met.

NOTE: In this instance the sanction does still count against the individual. A TEAMS case note titled "Sanction Lifted—Remove from HH" must be entered. A PRAP alert should be entered on the individual. An ETAL alert should be set for a time period 6-12 months in the future indicating the sanction is still considered imposed, even though it will not show on the Sanction Person History (SAPH) screen in TEAMS.

►EXTENDED BENEFIT CASES

The sanction process does not occur in extended benefit cases. (TANF 801-3) Sanctions for non-compliance end when the 60th month is used. Neither a sanction penalty month nor an ineligibility month can be imposed past the 60th month.

* * * * * * *

FIRST SANCTION PROCEDURE

Complete the following procedure to assure the sanction is entered and penalty period is imposed and recorded on TEAMS.

RESPONSIBILITY:	ACTION:
Eligibility Case Manager:	1. Upon approval of the Sanction Review Committee or upon sanction referral from Tribal NEW, go to the EMPL screen and enter 'S' next to the appropriate component. TEAMS will go to SAMA.
	2. On SAMA, add information in the COMMENTS field, and press enter to store the sanction. Then press F5 to return to EMPL. Benefits will be deauthorized.
	3. Go to SEPA and change the sanctioned individual's Part Code from 'IN' to 'DQ' and enter the 'SN' reason code.

4. Go to EXPD to determine if the individual is a "work-eligible individual" and required to negotiate a FIA/EP during the sanction penalty month. (TEAMS is programmed to determine who is a "work-eligible individual" based on parental connection and participation code.) EXPD will also show if the household remains eligible for cash assistance.

5. Send appropriate sanction notice to the participant:

   a. If the individual is a "work-eligible individual" send the TEAMS A741 "1ST SAN DEC--WORK ELIGIBLE" notice. This notice informs the participant that they are required to negotiate a FIA/EP and agree to participate in work activities during the one month sanction penalty month. They must negotiate a FIA/EP for the sanction penalty month to avoid case closure and to receive the decreased TANF benefits during the penalty month.

   b. If the individual is not a "work-eligible individual" send the TEAMS A740 "IST SAN DEC—NOT WORK ELIGIBLE" notice. This notice informs the participant that they are required to negotiate a new FIA/EP prior to the end of the sanction penalty month to receive further benefits and avoid case closure for failing to negotiate a FIA/EP.

RESPONSIBILITY: **ACTION:**

Eligibility Case Manager:

6. Determine the Food Stamp noncompliance adjustment if appropriate (FS 602-5).

7. Notify the Section 8 housing provider using the HCS-783 "Sanction Housing Notification," if the individual is in Section 8 housing.

   NOTE: This is not a mandatory form but it has been revised and may be useful as a communication tool with Section 8 housing.

8. If the sanctioned individual is a "work-eligible individual" and they do not negotiate a FIA/EP by the end of the current month for the sanction penalty month, close the TANF cash assistance case using the 'SAN' closure code. No further notice is required.

9. If the individual is not a "work eligible individual" and they do not negotiate a new FIA/EP prior to the end of the penalty month for the following month, close the TANF cash assistance case with the 'FIA' closure code. No further notice is required. The household may reapply for TANF cash assistance for the following month and be found eligible.

WORC CASE MANAGER:

1. Notify the R &R of the sanction and to discontinue childcare assistance if appropriate.

2. Reconcile participation hours on EMPR for the month of closure.

3. Document TEAMS Case Notes (CANO).

* * * * * * *

SECOND AND SUBSEQUENT SANCTION PROCEDURE

Complete the following procedure to assure the sanction is entered and the ineligibility period is imposed and recorded on TEAMS.

RESPONSIBILITY: **ACTION:**

Eligibility Case Manager:

1. Upon approval of the Sanction Review Committee or upon sanction referral from Tribal NEW, go to the EMPL screen and enter 'S' next to the appropriate component. TEAMS will go to SAMA.

RESPONSIBILITY: **ACTION:**

Eligibility Case Manager:

2. On SAMA, add information in the COMMENTS field, and press enter to store the sanction. Then press F5 to return to EMPL. Benefits will be deauthorized.

3. Go to SEPA and change the sanctioned individual's Part Code from 'IN' to 'DQ' and enter the 'SN' reason code.

4. Notify the Section 8 housing provider if the individual is in Section 8 housing using the HCS-783 "Sanction Housing Notification".

   NOTE: This is not a mandatory form but it has been revised and may be useful as a communication tool with Section 8 housing.

5. Determine the Food Stamp noncompliance adjustment. (FS 602-5)

6. Close the case using the 'SAN' closure code.

► Document action taken in TEAMS Case Notes (CANO). Send appropriate notice of closure using TEAMS A609 "2ND OR MORE SANCTION CLOSE" notice.

WORC CASE MANAGER:

1. Notify the R & R of the sanction and to discontinue childcare assistance if appropriate.
2. Reconcile participation hours on EMPR for the month of closure.
3. Document TEAMS Case Notes (CANO).

►CANCEL/REMOVE A SANCTION

Once imposed, a sanction is canceled or removed only if the participant has requested and verified good cause as determined by the Sanction Review Committee (Sections 1509-1 and 702-2), a Fair Hearing and continued benefits have been requested, a Fair Hearing decision is in his/her favor, or an administrative error has occurred. An Eligibility Supervisor has the ability to take the necessary action.

REMOVING A SANCTION-PROCEDURE

If a sanction must be lifted; the Eligibility Supervisor is authorized to do so using the following procedure:

1. From EMPS select the participant who is sanctioned by placing the cursor or entering a character in front of his/her name. Press Enter.
2. This will bring up EMPL for that participant. Access the SAMA screen from the EMPL screen by entering an 'S' in the select field next to the component in question. A blank SAMA screen will appear.
3. On SAMA, in the 'Sanction number field', enter the number of the sanction to be removed. Press Enter to display that sanction.
4. Tab to the 'Remove Sanction field'. Enter your password. Press ENTER.

Once the sanction is removed, eligibility must be redetermined and a new FIA/EP must be negotiated. Change the individual's Part Code on AF SEPA from 'DQ' to 'IN'. The Eligibility Case Manager must redetermine Food Stamp eligibility and allotment. Document action in TEAMS Case Notes (CANO).

NOTE: If this action occurs after TEAMS Cutoff, a supplement may need to be issued.

►**EXAMPLES** The following are examples for the new sanction policy:

EXAMPLE 1:

Mom and 2 children are receiving TANF cash assistance. Mom has negotiated job search activities on her EP, but fails to provide verification of the activities and/or maintain contact with the WoRC Case Manager.

On January 15th, the WoRC Case Manager sends a sanction recommendation form to the OPA. This is Mom's first sanction. The WoRC Case Manager changes the CMPLY indicator on EMPL to an 'N' next to the appropriate JBS component.

On January 17th, the sanction review committee meets and determines the sanction is appropriate. They complete the sanction recommendation form indicating their agreement.

On January 18th the OPA Eligibility Case Manager sends timely notice of sanction via TEAMS notice A741 "1st SAN DECREASE-- WORK ELIGIBLE" to Mom notifying her of the sanction and the requirement to negotiate a FIA/EP for the penalty month of February in order to receive the reduced benefit.

On January 28th Mom contacts the OPA Eligibility Case Manager and WoRC Case Manager and negotiates her FIA/EP for February. The reduced TANF benefit is released for February.

EXAMPLE 2:

Mom and 2 children are receiving TANF cash assistance. Mom has previously been sanctioned once for non-compliance and received the decreased benefits during her penalty month. Mom has negotiated a WEX placement for her EP.

On July 10th, Mom requests her TANF case be closed. The OPA Eligibility Case Manager sends closure notice on July 11th. This notice includes the requirement for Mom to continue to participate in allowable work activities as negotiated in July.

On July 15th, the WoRC Case Manager sends a sanction recommendation form to the OPA as Mom has failed to show for her WEX placement for 6 days. The WoRC Case Manager changes the CMPLY indicator on EMPL to an 'N' next to the WEX component.

On July 17th, the sanction review committee meets and determines the sanction is appropriate. They complete the sanction recommendation form indicating their agreement.

On July 22nd, the OPA Eligibility Case Manager sends adequate notice of sanction via TEAMS notice A609 "2ND OR MORE SANCTION CLOSE" to Mom notifying her of the sanction and the imposition of the one month ineligibility period.

The entire household is ineligible for TANF from August 1st through August 31st. If Mom wishes to receive TANF cash assistance following the ineligibility period, she must reapply for TANF. She may be eligible effective September 1st.

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Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: Fair Hearing Non-compliance with FIA/EP or Tribal NEW - Continuation of Benefits

Supersedes: TANF 702-4 (07/01/07)

References: 45 CFR 261.13 - .15; ARM 37.78.102, .506 and .508; ARM 37.5.307 and .316

GENERAL RULE-- TANF cash assistance may continue, if requested, pending a Fair Hearing decision if the assistance unit is otherwise eligible. All non financial and financial eligibility requirements must be evaluated and met before authorization of benefits.

NOTE: TANF Extended benefit cases are not eligible for continued benefits.

FIRST SANCTION FAIR HEARING REQUEST

A sanction is considered imposed when a sanction notice (either A740 or A741 First Sanction Decrease or A604 First Sanction Close Over Income) has been sent.

Even if a Fair Hearing and continued benefits are requested, the current Family Assistance Agreement and WoRC Employability Plan (FIA/EP) ends:

1. At the end of the month prior to the sanction penalty month for "work-eligible individuals" who are required to negotiate a FIA/EP during the sanction penalty month (TANF 701-1); or

2. At the end of the sanction penalty month for individuals who are not "work-eligible" individuals (TANF 701-1) and not required to negotiate a FIA/EP during the sanction penalty month.

▶ **NOTE:** If the sanctioned individual is **not** a "work-eligible" individual and not required to negotiate a FIA/EP during the sanction penalty month, **they must negotiate a FIA/EP prior to the last day of the penalty month** to avoid case closure. This information is included in the A740 notice.

▶ If the sanctioned individual does not negotiate a new FIA/EP, close the case. No further notice is required.

▶ If the sanctioned individual does negotiate a FIA/EP, the TANF cash assistance remains open and benefits are issued for the next month, provided all other eligibility requirements are met.

►CONTINUED BENEFITS AND REQUEST FOR FAIR HEARING (1ST SANCTION)

If a sanctioned individual requests a fair hearing on the imposition of a sanction penalty month and requests continued benefits pending a fair hearing, the 'FHP' (Fair Hearing Pending) component code will be used to account for full hours on the FIA/EP during the sanction penalty month in TEAMS to allow continued benefits to be issued. Follow the 'FHP' component process outlined later in this section.

► **NOTE:** Continued benefits may be issued only if **requested** between the date of the TEAMS notice of action and the effective date of the action. The request for continued benefits must be in **writing.** If continued benefits are issued, send the **A502** "CONT BENEFITS PENDING HEARING" notice to the participant.

► **In order to receive cash assistance following the receipt of continued benefits during a sanction penalty month, a new FIA/EP must be negotiated. This information is included on the A502 "CONT BENEFITS PENDING HEARING" notice.**

►SECOND AND SUBSEQUENT SANCTION FAIR HEARING REQUEST

A sanction is considered imposed when a sanction notice (A609) has been sent. Even if a Fair Hearing and continued benefits are requested, the current FIA/EP ends at the end of the month prior to the sanction ineligibility month.

Imposing a second or subsequent sanction and an ineligibility month are not independent actions, they occur at the same time. Participants who wish to request a Fair Hearing for both actions only have to request a fair hearing once to address both concerns.

►CONTINUED BENEFITS AND REQUEST FOR FAIR HEARING (2nd OR SUBSEQUENT SANCTION)

If a sanctioned individual requests a fair hearing on the imposition of a second or subsequent sanction and ineligibility period, and requests continued benefits pending a fair hearing, the 'FHP' (Fair Hearing Pending) component code will be used to account for full hours on the FIA/EP during **one month of the ineligibility period** in TEAMS to allow continued benefits to be issued. Follow the 'FHP' component process outlined later in this section.

NOTE: Continued benefits may be issued only if **requested** between the date of the TEAMS notice of action and the effective date of the action. The request for continued benefits must be in **writing.** If continued benefits are issued, send the **A502** "Cont Benefits Pending Hearing" notice to the participant.

► **In order to receive cash assistance following the receipt of continued benefits during a one-month ineligibility period, a new FIA/EP must be negotiated. This information is included on the A502 "CONT BENEFITS PENDING HEARING" notice.**

► **If the household receives one month of continued benefits during a 3 or 6 month ineligibility period, it will count as month '1' in the ineligibility period, however the remaining months of the ineligibility period must be served, prior to being eligible for TANF cash assistance. The household must make application for TANF cash assistance, following the ineligibility period. (TANF 701-3)**

HEARING DECISION RECEIVED (CONTINUED BENEFITS ISSUED)

The results of the Fair Hearing must be case noted.

If the Fair Hearing decision is **not in favor of the State**, no action is necessary if continued benefits were issued, because the household already received the benefit and the sanction has been lifted to allow continued benefits to be issued.

If the Fair Hearing decision is **in favor of the State**, an overpayment must be established for the one-month period of continued benefits. Overpayments due to the receipt of continued benefits will be recouped at $25 or 25%, whichever is higher. (TANF 1504-1)

TEAMS will not allow the sanction to be input "retroactively"; however the sanction will count toward the participant. In these situations, the Eligibility Case Manager must enter a TEAMS case note titled "Sanction #XX Fair Hearing Upheld."

HEARING DECISION RECEIVED (NO CONTINUED BENEFITS ISSUED)

The results of the Fair Hearing must be case noted.

If the Fair Hearing decision is **not in favor of the State**, the sanction must be lifted (if imposed) and benefits restored for the one month.

If the Fair Hearing decision is **in favor of the State**, no action is necessary because continued benefits were <u>not</u> issued.

►'FHP' COMPONENT TEAMS PROCESS

The 'FHP' Component code is used ONLY if the participant has provided **<u>a written request</u> for a Fair Hearing and continuation of benefits.** This component may only be used for a one-month period in TEAMS.

► 1. Enter 'FHP' on **EMPL.** Enter the Start Date as the first of the sanction month. Set the End Date for the last day of the sanction penalty month.

2. Do not enter anything in the Status Field.

3. Enter the total monthly required participation hours per policy stated in Section 701-2.

4. Enter the Administrative Review/Hearing date, if known, in the free form space below the component.

5. Authorize benefits, if eligible, on EXPD.

NOTE: The participant does not have to sign a FIA/EP with the FHP code or negotiate an employability plan before benefits can be authorized.

If monthly issuance has already taken place, a supplement must be issued on UNAU. If there is an outstanding overpayment on the case, the supplement will be applied toward the overpayment. Please contact the TANF Policy Specialist for the procedure to make sure the continued benefits are issued in this instance.

6. Document circumstances and action taken in TEAMS case notes (CANO).

7. Set an alert on ETAL for the date of the Administrative Review/Hearing, if known.

► **NOTE:** In order to receive cash assistance following the receipt of continued benefits during a sanction penalty month or a one-month ineligibility period, the sanctioned individual must request to negotiate a FIA/EP prior to the end of the sanction penalty month or one-month ineligibility period to avoid case closure. (See request for continued benefits pending a 1st or 2nd and subsequent sanction above.)

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Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: TEAMS Disqualification Code

Supersedes: TANF 703-1 (01/01/07)

References: 45 CFR 261.14; ARM 37.78.102, .206, .220, .505 and .506; SB 29-2005

GENERAL RULE--There are specific eligibility requirements the individual must fulfill to become and remain eligible for benefits. Individuals who do not meet these requirements may be sanctioned or disqualified, or in some instances, may cause case denial or closure.

TEAMS PARTICIPATION CODE

If disqualified or sanctioned, enter the individual's Participation Code on the SEPA screen as 'DQ'. Enter IA, DR, FF, IF, IS, SN, TP, or OT, as appropriate, on SEPA under the Disqualification Reason field. Document action taken and the reason(s) for the action in TEAMS Case Notes (CANO).

DISQUALIFICATION

A disqualification is the exclusion of the disqualified individual's portion of the monthly payment amount or in some instances, a reason for case denial or closure for failing to meet an eligibility requirement.

Disqualification occurs if the individual:

1. is an ineligible alien (Section 301-2); **CODE IA;**

2. is fleeing to avoid prosecution, custody or confinement after conviction for a crime, which is a felony under the laws of the place from which the individual flees (Section 201-1); **CODE FF;**

3. is violating a condition of probation or parole imposed under Federal or State law (Section 201-1); **CODE FF;**

4. has been convicted in Federal or State court of having made a fraudulent statement or representation with respect to the place of residence in order to receive assistance simultaneously from two or more States (Section 1505-1); **CODE IF;**

   NOTE: If the conviction is for the simultaneous receipt of Food Stamps or SSI, the disqualification also applies to TANF cash assistance.

5. is found to have committed fraud or an intentional program violation (Section 1505-1); **CODE IF;**

6. is sanctioned for non-compliance with Family Investment Agreement or Employability Plan (FIA/EP) activities (Section 702-3); **CODE SN**; or

7. is a circumstance that does not meet any of the above, **CODE OT.**

The disqualified individual's income and resources are considered available to those household members who remain eligible. This individual is not counted in the household size for purposes of determining the appropriate income standards.

CASE DENIAL OR CLOSURE

Case denial or closure occurs if the individual who is disqualified:

1. is a non-compliant drug-felon (Section 201-1; 300); **CODE DR**;

2. is a teen parent living independently in a non-approved living arrangement (Section 305-1); **CODE TP**;

3. has failed or refuses to furnish or apply for a social security number, without good cause (Section 303-1); **CODE IS**;

► 4. is out of compliance with Third Party Liability (TPL) or HIPPS (TANF 307-1); **CODE OT;** or

► 5. is out of compliance with Program Compliance for any program in the case (1508-2); **CODE OT**.

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DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

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January 10, 2006

To: All TANF Cash Assistance Policy Manual Holders

From: Susan Rutherford, TANF Program Policy Specialist Susan Rutherford

Subject: TANF Cash Assistance TB-18, Supportive Services

Place this bulletin at the beginning of TANF Cash Assistance Manual, Section 704-1

SECTION: OTHER BENEFITS/REQUIREMENTS

SUBJECT: Supportive Service Payments

EFFECTIVE DATE: Upon Receipt

INTRODUCTION: The increased cost of supporting participants' efforts to fully participate in Family Investment Agreement/WoRC Employability Plan (FIA/EP) activities and to obtain and maintain employment, demands a change in the guidelines for issuing supportive services.

POLICY CHANGE: Each case will have an upper limit of $1250 per state fiscal year.

Participation related expenses have been increased to $600 per case per state fiscal year.

Employment related expenses have been increased to $650 per case per state fiscal year.

This limit applies to a case no matter which county the individual was receiving services in when the payment was issued. The County Director/Supervisor or the WoRC Program Director can approve expenses in exception to the above guidelines.

UPDATED MANUAL MATERIAL WILL BE DISTRIBUTED AS SOON AS POSSIBLE. UNTIL THAT TIME, USE THIS BULLETIN AS A GUIDE.

Department of Public Health and Human Services	Section: OTHER BENEFITS/REQUIREMENTS
TANF CASH ASSISTANCE	Subject: Supportive Services Payments

Supersedes: TANF 704-1 (07/01/07); Bulletins TB-35 (06/25/07)

References: ARM 37.78.102 and .832

► GENERAL RULE -- Funds are available to pay expenses that are or may be, incurred in a benefit month by the TANF cash assistance participant to comply with his or her Family Investment Agreement/WoRC Employability Plan (FIA/EP) activities. When wisely used, supportive services can promote meaningful work activities and employment and help participants develop planning and budgeting skills.

► **NOTE:** "Work-eligible" individuals, who are disqualified from receiving TANF cash assistance but are required to participate in employment and training activities, are eligible for supportive services, as long as they are participating in allowable work activities (TANF 701-3).

Each County is allocated supportive services funds for payment of these expenses. There is no entitlement to supportive services as they are subject to availability of funds. Guidelines and limits have been developed to consistently grant supportive services statewide.

NOTE: If a participant chooseto obtain services from the OPA in an adjacent county rather than their county of residence, supportive services will not be issued to transport the participants from the county of residence to the county of service to comply with FIA/EP activities or to attend appointments.

Limits set are intended to cap expenditures per case and do not guarantee or entitle each case to the full amount. As the participant's activities are negotiated with the WoRC Case Manager, an evaluation for need should be done, in connection to participation or employment, and personal and other resources available to meet the need.

Supportive Services should always be considered in the framework of short and long term participant personal planning. If need is determined, supportive services payments are available in a timely manner to assure the participant has the needed item/service to participate in activities.

NOTE: Supportive service dollars cannot be spent on medical needs (including drug testing or Medicaid cost-sharing) or services (e.g., medical related travel) per PRWORA, TANF grant regulations. Supportive service dollars cannot be spent to pay participant fines or associated costs of any type (traffic, library, and criminal activity, etc.).

The County Director/Supervisor or the WoRC Program Director can make the approval of expenses in exception to the following guidelines. Justification for the exception should be fully documented in case notes.

To insure non-duplication of services, all other possible resources must be investigated and accessed prior to approval of supportive services. WoRC Case Managers must document:

1. the need, on HCS 761-Supportive Services Request; and

2. what other resources have been explored and what help was available through these resources.

NOTE: Emergency Assistance is not considered a prior available resource if the need can be approved under supportive services guidelines.

In all instances, care must be taken to prevent participant reliance on the availability of supportive services. In particular, gas supportive services should be seen as a short-term solution, not an automatic, on-going monthly allowance. OPA and WoRC are encouraged to maintain a consistent local supportive service philosophy.

DETERMINING NEED

Supportive services may be provided if:

1. There is a proven and demonstrated need for the payment (i.e. the agreed upon participation activity or employment requires the item/service);

2. All other resources are exhausted to ensure there is no duplication of payments; and

3. There are available funds.

PER CASE LIMITS

Each case will have an upper limit of **$1,250** per state fiscal year (July-June). This limit applies to a case no matter which county the individual was receiving services in when the payment was issued. The $1,250 is based on the following limits:

$600 for participation related expenses, and
$650 for employment related expenses.

NOTE: The County Director/Supervisor or the WoRC Program Director can make the approval of expenses in exception to the above guidelines. Justification for the exception should be fully documented in case notes.
EXAMPLE: The family went from a two-parent household to a single parent household when Dad left the home. He had received $700.00 in Supportive Services. Mom has a job in Wyoming and needs $1000.00 for relocation expenses. Based on an evaluation by the County Director and/or WoRC Program Director and the need for assistance, Mom could receive additional Supportive Services to help with the move.

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SUPPORTIVE SERVICES PARTICIPATION RELATED $600 PER YEAR PER CASE

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Participation-related needs include but are not limited to:

Fees:
- o Credit counseling
- o Legal such as adoption, child custody, child support
- o Application
- o GED
- o Specific short term training tied to employment (e.g., CNA training)
- o Driver's license exam and renewal costs
- o Fingerprinting for background check

Counseling (non-medical)

Clothing (training-related)

Personal grooming and hygiene

Transportation related expenses:
- o Public transportation
- o Gas, proportionate to distances actually traveled (Actual distances can be noted on weekly time sheets)
- o Vehicle diagnostics, when it appears major work is needed
- o Vehicle repair, may be based on some or all of the following:

1) Diagnostic information;
2) Review of the value of the vehicle; and
3) Multiple bids.

- o Liability insurance (least expensive bid, shortest term policy, only liability unless there is a loan on the vehicle)
- o Registration

Tools (employment-related)

Letters can be mailed by the OPA or WoRC office for job applications, etc., or stamped, addressed envelopes may be provided for reporting purposes but postage stamps should never be distributed.

****

SUPPORTIVE SERVICES EMPLOYMENT RELATED $650 PER YEAR PER CASE

****

Basis for Determining Need:

1. Needed to accept or maintain employment.
2. Necessary to alleviate barriers prohibiting job retention.
3. Resource not available from any other source.

Employment-related needs include but are not limited to:

Fees:

- o Credit counseling
- o Legal such as adoption, child custody, child support
- o Application
- o GED
- o Specific short term training tied to employment (e.g., CNA training)
- o Driver's license exam and renewal costs
- o Fingerprinting for background check

Housing:

- o Rent (no deposits)
- o Relocation expenses for employment

Counseling (non-medical)

Clothing (employment-related)

Personal grooming and hygiene

Past Due utilities/phone, other bills needed for employment when the participant did not have the funds to pay the bills originally. (Please see TANF 1101-1 for guidance in making this determination)

Transportation related expenses:

- o Public transportation,
- o Gas, proportionate to distances actually traveled (Actual distances can be noted on weekly time sheets)
- o Vehicle diagnostics, when it appears major work is needed
- o Vehicle repair, may be based on some or all of the following:
  1) Diagnostic information;
  2) Review of the value of the vehicle; and
  3) Multiple bids.
- o Liability insurance (least expensive bid, shortest term policy, only liability unless there is a loan on the vehicle)
- o Registration

Tools (employment-related)

► Child care expenses, including one-time enrollment fees (only in very rare circumstances)

NOTE: Supportive service payments for childcare co-pays can only be authorized with approval of PAB Central Office or the appropriate WoRC monitor.

Union dues

Business licenses

Letters can be mailed by the OPA or WoRC office for job applications, etc., or stamped, addressed envelopes may be provided for reporting purposes but postage stamps should never be distributed.

CASE FILE REQUIREMENTS:

The Supportive Service Request, all documents verifying the needed item/service, and two written estimates for high cost items/services must be retained in the WoRC case file. In addition, for vendor payments, copies of **receipts and/or invoices** for services provided must be retained in the case file.

It is not necessary to keep receipts of purchases with participant payments (PP). However, if it is questionable whether the supportive services were used to purchase the approved items or services, the WoRC case manager may ask to view the receipts and return them to the participant.

NOTE: The participant must obtain the written estimates from **the vendor(s) agreeing to provide the service. The supportive services payment is based on the amount of the approved estimate.**

DPHHS-HCS-761 SUPPORTIVE SERVICE REQUEST

This form must have the following information completed in full for each and every supportive service issuance:

1. Current Benefit Month
2. Participant's name
3. Social Security Number
4. Payment type:
   a. Direct participant payment;
   b. Vendor payment;
5. Expense Description:
   Specific information on the item/service being purchased.

   Example: "Car Repair. 1990 Ford Taurus, owned by Mary Doe, needs muffler, brakes and shocks. Repair estimates received from Tire-Rama and Muffler Shop. Approved Tire-Rama's estimates of $99 for muffler, $100 for brakes, and $75 for shocks. Total cost: $247."

6. Justification of Expense:
   At the time of each supportive service issuance, the WoRC Case Manager and participant must discuss exactly why the item or service is needed so the participant can comply with specific activities.

   Example: "Car Repair - Mary Doe's vehicle needs repairs so it is in safe running condition. She needs to transport children to childcare and attend the life skills class at the Community College."

7. List Other Resources Checked:

   Document what other agencies and/or funding sources the participant and/or the WoRC Case Manager contacted to determine if there were other funding sources available, e.g., Salvation Army, Vocational Rehabilitation, friends, family, WIA, community based organizations, etc. If no other resources exist, please explain why. **"Not applicable" is not an appropriate statement in this section of the form.**

8. Participant's Certification signed and dated.

9. If vendor payment is requested, complete name, address, and **tax identification number** listed on the **Vendor Payment Made To:** portion of form.

NOTE: When a vendor payment is requested, an IRS form W-9 must be completed and faxed to DPHHS Fiscal Bureau. The original must follow in the mail within 3 working days. The Fiscal fax number is (406) 444-9763. The supervisor is responsible for ensuring the information on the W-9 matches the information entered in TEAMS before the supportive service request is authorized.

10. Authorization
    a. Date
    b. Case Manager's Signature
    c. Supervisor's Signature
    d. County

►MOTOR VEHICLE INSURANCE ASSIGNMENT AND AUTHORIZATION DPHHS-HCS-575

This form must be completed when supportive services are used for vehicle liability insurance through vendor payment. This form assigns to the State of Montana, the right to receive any and all premiums refunded which were provided by the State's supportive services. The form must be completed, signed by the participant and a copy mailed to the liability insurance vendor by the WoRC Case Manager. A copy of the form must be retained in the WoRC case file.

PAYMENT METHODS

TEAMS SSPR is used to authorize both participant and vendor payments. Participant payments are issued via the usual TEAMS issuance process, Vendor payments are issued by the DPHHS Fiscal Bureau.

►

NOTE: Sanctioned participants are not eligible for supportive services during the sanction penalty period, unless the sanctioned participant is a "work-eligible" individual who is required to participate during the sanction period. In this instance, supportive services may be approved, but cannot be authorized on TEAMS. A request for a manual supportive service payment must be sent to Del Bock at Central Office with a cc to the WoRC Monitor and Wendie Fredrickson. (See 'Manual Request' section below.)

All payments require supervisory review and authorization prior to issuance. The WoRC Supervisor/Designee reviews the payment request including required verifications, the calculated payment amount, TEAMS SSPR and VEPA screens and the W-9 (when applicable).

TEAMS will not limit the number of payments that may be issued for a case in a benefit month but only one TEAMS payment may be issued pe day. **Payments should not be authorized for less than $10.**

NOTE: A Supportive Service payment can only be authorized in the current month. Contact the TANF Policy Specialist with specific case concerns.

Case notes must contain a clear explanation of why a specific payment method is used, if different than the policy outlined above. Contact your WoRC monitor with individual case concerns.

PARTICIPANT PAYMENT

Participant payments are made only by a warrant, they cannot be issued via Montana Access (EBT) or Direct Deposit. The warrant will process and issue the next working day. Allowing two days for mailing and additional time for weekends, the participant should receive the payment within three (3) to five (5) days from the date of the OTD request.

NOTE: Participant payments should not be mailed to "General Delivery" addresses, if at all possible.

Participant payments are the primary method of providing supportive services.

Participant payments are made for:

a. public transportation such as bus passes,

b. clothing,

c. personal needs,

d. gas for vehicle,

e. tools for employment, and

f. any other approved service that does not meet the vendor payment definitions below.

NOTE: Do not request nor maintain receipts for services approved and paid for by a participant payment, unless questionable. If the service is questionable, ask to view the receipts and return them to the participant.

VENDOR PAYMENT

Vendor payments are appropriate in the following circumstances:

a. the service requested is a high cost item requiring estimates such as car repairs, or

b. the service requested is for automobile insurance, or

c. the service reflects special circumstances and has been approved by the WoRC monitor, including any rental assistance.

NOTE: Receipts for vendor payments must be maintained in the WoRC case file.

NOTE: The preferred method of payment to vendors is by electronic fund transfers. New vendors will need to have their bank complete the 1199A Form. If the vendor refuses to have the form completed or refuses to provide a voided check, the WoRC Case Manager will be required to send an E-Mail along with the W-9, stating the reason the bank information is not accompanying the W-9 form. Department of Administration will accept FAXED 1199A forms. FAX number is 406-444-2812.

LOST/STOLEN WARRANT REPLACEMENT

Lost or stolen supportive services payment warrants are replaced through the DPHHS Fiscal Bureau's established procedure for replacement of the regular monthly cash grants (warrants). (See TANF 1202-1).

►

NOTE: WoRC Case Managers should contact their WoRC Monitor when they are aware of a lost or stolen supportive services payment so the reconciliation process is correct.

TEAMS ISSUANCE INFORMATION

TEAMS is used to issue supportive services payments. Three TEAMS screens are available to process, issue, and record supportive services payments. See the TEAMS Users Guide for additional information.

The **S**upportive **S**ervices **P**ayment **R**equest screen (SSPR) is used to request the supportive service payment. This screen can be 'nexted to' from any screen if the case number and **current benefit month** are entered or it can be selected from the Eligibility Tech Menu (ELTM) screen.

NOTE: If a future benefit month is listed, TEAMS will still accept the SSPR entry and authorization. However, the issuance is DELAYED until the 1st of the future month.

There are two payment type codes, **PP** for participant payment and **VP** for vendor payment. Only one payment type code may be entered per payment.

There are two payment use codes, **EMP** for employment related expenses and **PAR** for participation related expenses. Multiple payment use codes can be entered per payment. If an expense is needed for both participation and employment, assign the expense to the payment use code with the highest value.
There are five expense type codes, **CH** for childcare, **EM** for employment expenses, **FE** for miscellaneous fees, **SH** for shelter expenses, **TR** for transportation expenses.

On SSPR, detail the expense in the field under the amount authorized. It is important that information relating to the expense is entered in this area, since it becomes part of the automatically generated TEAMS supportive service issuance case note.

- In two parent families, note for which parent the supportive service issuance is intended.

- When the supportive service request is transportation related, e.g. tires, insurance, repair, be sure the vehicle's make, model, and year is included on SSPR.

NOTE: If the detail area on the TEAMS SSPR screen is insufficient to explain all relevant information regarding the expense, an accompanying TEAMS case note is necessary.

If the supportive service payment is a vendor payment, the **VE**ndor **PA**yment screen (VEPA) must be completed. It captures the vendor's name, address, phone number, invoice number or date of service, and Tax Payer ID # or SSN. If the SSN is entered, the name of the individual belonging to that SSN must be entered.

When a vendor payment is requested, an IRS form W-9 must be completed and faxed to DPHHS Fiscal Bureau. The original must follow in the mail within three (3) working days. The Fiscal FAX number is (406) 444-9763.

NOTE: Prior to authorizing the supportive service payment the Supervisor/Designee must compare the information on VEPA to the W-9 completed for the vendor. All information must match before the payment can be authorized.

The **S**upportive **S**ervices **P**ayment **H**istory (SSPH) screen, displays the history of supportive service payments issued. This screen can be accessed from any screen if the case number and current benefit month is entered. Each supportive service payment is displayed if it has been stored or authorized and issued. Each payment is displayed in descending order by benefit month.

The SSPH screen contains the following fields:

PAY TYP (PP for participant payment or VP for vendor payment)

WARRANT # (field will only be populated if the payment is made to the participant)

AUTH DATE
BENFT MONTH
WKR (Indicates that the payment was authorized by the OPA office, ('TF') or the WoRC Case Manager, ('WO').

ISSUE AMT $_____

DOC STS (Issued, outstanding, returned, etc.)

STS DATE (Date status was attained.)

SFY TOT (Total of payments issued in that case for the SFY)

SFY (State Fiscal Year in which the payment was issued)

►MANUAL SUPPORTIVE SERVICE REQUESTS

Manual supportive service payment requests may be made in the following limited situations:

1. The supportive service payment did not get authorized prior to the case being closed on TEAMS; or

2. The individual is a disqualified "work-eligible" individual who is participating in allowable work activities during the disqualification.

In order to request manual issuance of a supportive service payment, the following information must be sent via email to Del Bock, with a cc to the WoRC Monitor and Wendie Fredrickson:

1. County Name;
2. County Number;
3. Benefit Month;

4. Payment Type;
   a. EMP—employment related
   b. PAR—participation related
5. Account Code;
   a. CH—child care
   b. EM—employment expenses
   c. SH—shelter
   d. TR—transportation
   e. FE—miscellaneous fees
6. Client Name;
7. Case Number;
8. TEAMS id;
9. SSN;
10. Amount of Payment;
11. Address of participant;
12. WoRC Case Manager name; and
13. WoRC Case Manager phone number.

► The WoRC Supervisor must enter a TEAMS case note outlining the request and need to issue a manual supportive services payment.

RETURNED SUPPORTIVE SERVICE PAYMENTS

The local office should only accept a supportive service check back from a participant in three instances:

1. An error occurred in TEAMS and duplicate checks were issued or the check was issued for an incorrect amount.

2. The participant is deceased and there is not an estate that can cash the check.

3. A supportive service vendor payment is issued for goods or services that were not provided (e.g., a repair not made on the vehicle). DPHHS Fiscal Bureau will not accept checks back from local offices for any other reason. It is important that the estimates received for services are equal to payment approved on TEAMS. The reason for this is when a supportive service payment is issued, it shows in the SFY total even if the check was returned.

NOTE: For policy on how to replace a lost or stolen supportive service check see 1202-1.

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Department of Public Health and Human Services	Section: OTHER BENEFITS/REQUIREMENTS
TANF CASH ASSISTANCE	Subject: Work Support Payments

Supersedes: TANF 704-2 (07/01/06);

►**References:** ARM 37.78.102; ARM 37.78.425

GENERAL RULE--Beginning in February 2005, a Work Support Payment (WSP) became available to TANF families whose case closed due to **earned income** and the closure met the definition of a **qualifying event**. This is a bridge-the-gap payment between the closure of TANF and the receipt of the new or increased earned income that caused the closure.

A TANF household that meets eligibility criteria will be eligible for a payment of $375.00 the month following the closure of the case.

► **NOTE:** A Work Support Payment will not count as a TANF timeclock month.

The participant does NOT have to apply for a WSP. The Eligibility Case Manager will automatically evaluate the closure of each TANF case for WSP eligibility. **The Eligibility case manager is responsible for authorization of the WSP on TEAMS.**

►ELIGIBILITY CRITERIA

1. The case must be closed due to a qualifying event. A qualifying event is NEW Earned Income or INCREASED Earned Income of an existing assistance unit member that causes the case to close.

   NOTE: If, as a result of the earned income of the household, the TANF grant is less than the Child Support collected, evaluate the history of the Child Support payments. Determine if payments have been received consistently over a reasonable period of time (at least two months) and that it is likely that the CS will continue to be collected. If the above holds true, this household is eligible for the WSP as long as all other eligibility criteria are met. If not, deny the WSP.

   NOTE: A household that is receiving extended benefits for any reason, may be eligible for a WSP, if the case closed due to new or increased earned income of an existing assistance unit member.

2. The household must receive Montana TANF cash assistance in the month of closure. WSP is available **only** in the month immediately following the month of closure.

3. The earned income change was reported timely (within 10 days of having knowledge of the change).

4. The income was verified timely (within 10 days of request for verification) unless there is good cause for not doing so. Example, the employer has to request verification from out-of-state corporate headquarters.

5. The household or any current member of the household has not received a WSP in the last 12 months.

► 6. All individuals in the household who were required to participate in allowable work activities and referred to WoRC for case management services have provided documentation and verification of participation in allowable work activities during the month prior to case closure to the WoRC Case Manager.

► **NOTE:** The hours of participation may be less than the full required hours of participation, as long as the individual has provided documentation and verification of the hours.

► **NOTE:** The OPA Case Manager will need to confirm with the WoRC Case Manager whether or not the documentatid and verification of participation was received.

INELIGIBLE HOUSEHOLDS/ NO QUALIFYING EVENT

WSP is <u>not</u> available if:

1. The household was denied Montana TANF cash assistance in the month of application. (The case did not meet basic eligibility requirements for TANF and benefits were not authorized for the month prior to the increased income.)

2. The household does not have NEW or INCREASED earned income.

3. Earnings were not reported or timely (within 10 days of having knowledge of the change).

4. Earnings were not verified timely (within 10 days of request).

5. The household or <u>a current member of the household</u> received a WSP within the last 12 months.

6. All individuals in the household who are required to participate in allowable work activities and referred to WoRC for case management services have NOT provided documentation and verification of participation in allowable work activities during the month prior to case closure to the WoRC Case Manager.

NOTE: The OPA Case Manager will need to confirm with the WoRC Case Manager whether or not the documentation and verification of participation was received.

7. A member of the household was sanctioned and the decrease in household members in the assistance unit caused the case to close due to income.

NOTE: If a sanction has already been imposed on any member of the assistance unit, good cause for non-compliance does not exist, and the month of sanction has begun, regardless of earned income the household is ineligible for a WSP.

OTHER PROGRAMS

Work Support Payments are excluded for eligibility determination in Medicaid and Child Care. It is also excluded for **ongoing** Food Stamp cases.

EXCEPTION: If the individual who is the PI in a case that closes for IEN is eligible for a WSP, joins another household in which he/she is not the PI nor is he/she coded 'IN', the WSP will be countable against the new household. The fact that the individual may not be the PI in the new case is irrelevant. He/she was the PI in case #1 at the time of issuance and therefore, the payment and the 12-month ineligibility period is attached to him/her.

If a WSP has been received by the household, **prior** to a Food Stamp application in the same month, it is countable unearned income for the month of application.

►TEAMS AUTHORIZATION PROCEDURE

On AFED, enter the appropriate closure code in the 'DENIAL CLOSURE REASON' field.

To authorize a WSP, enter the approval code **'WPR.'** in the WORK SUPPORT PAYMENT field.

► **NOTE:** Once an approval code is entered, it can be changed to a denial code as long as monthly issuance has not taken place. Once monthly issuance has taken place, the approval code and field will be locked.

► **To deny a WSP,** enter the appropriate WSP denial code:

- **NQE** (No Qualifying Event)
- **UTR** (Untimely Report or Verification of Earned Income)
- **SAN** (Closure due to Sanction)

► **NOTE:** A denial code may be changed to an approval code through the 10th of the month following closure. If the denial code must be changed to an approval code after the 10th of the month following closure, contact Del Bock at Central Office.

► **System Generated Closure:**

For cases that are auto-closing due to exhausting the time limit for benefits, TEAMS will automatically populate the DENIAL CLOSURE REASON field with (TLE) if **T**ime **L**imited benefits have been **E**xhausted.

- **TLE** (Time Limits Exhausted- /No Extended Benefits Authorized). The TLE code cannot be changed.

NOTE: TEAMS will also automatically populate the WORK SUPPORT PAYMENT field with a **denial code of TIM** (Time Limitation Exceeded). This code can be changed.

- **TIM** (Time Limitations Exceeded-System generated)

Example: The family in their 60th month meets all the requirements of the WSP program, including the increased earned income. They would qualify for a WSP even though their case would have closed for using their 60 months. Change the TIM code to WPR and authorize the payment.

See TEAMS Processing Guide Section 700-P.5 for further details.

NOTE: Every closure requires either an approval code or a denial code in the WORK SUPPORT PAYMENT field.

ISSUANCE PROCEDURE

Work Support Payments are processed electronically by Fiscal Services Division, using a procedure similar to the issuance of Vendor Payments. A Work Support Payment is issued **only by check**. The participant can expect to receive it within five to seven working days.

► **NOTE:** If the household reports that they have not received the Work Support Payment, the warrant replacement process (TANF 1202-1) should be followed.

► **NOTE:** The MAIL/EBT DATE on TEAMS EXIH screen is the date the WSP referral was sent to Fiscal, not the date of issuance.

ISSUED IN ERROR

If the WSP payment was issued due to false information provided by the participant, proceed with the regular IPV/disqualification process. An overpayment will not be pursued in this instance.

TANF ELIGIBILITY IN THE WSP MONTH

If the household reapplies for TANF in the WSP month, the full amount of the WSP is counted as unearned income against the household in determining eligibility. An individual who was included in the assistance unit in the month prior to the WSP payment would not be eligible in a different assistance unit during the WSP month without counting the WSP as income.

Example: Sally is included in the assistance unit with specified relatives, Uncle Pete and Aunt Gladys and their 2 children. Uncle Pete's earned income for April closes the case for May and a WSP is authorized. On May 10th, Aunt Gladys comes in to apply for a child only grant for Sally. The application is denied because Sally was included in the assistance unit in April so the amount of the WSP payment is countable income, putting her over the income limits. If she meets other eligibility criteria, Sally would be eligible the month following the WSP ineligibility month.

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Department of Public Health and Human Services	Section: OTHER BENEFITS/REQUIREMENTS
TANF CASH ASSISTANCE	Subject: Child Support Supplement Payments

Supersedes: Bulletin TB-16 (07/15/05)

▸References: ARM 37.78.102. .402, .416; House Bill 529 (2005 Legislature)

GENERAL RULE-- House Bill 529 provides that a child support supplement payment will be issued to TANF families, using TANF block grant funds. The amount is based on **current** child support collected from a non-custodial parent, This payment will be an amount equal to the amount of current child support collected, **up to but not exceeding, $100.00 per month per TANF household.**

This total includes support from multiple non-custodial parents connected to the TANF household. No arrearages will be included in the supplement.

Beginning August 2005, the payment process was implemented with the evaluation of **current child support collected for July's obligation.** The child support supplement payment is excluded for TANF and Medicaid. The payment will be made by the same method the current TANF benefit is issued (check, direct deposit, or EBT).

The Eligibility Case Manager is not required to take any action on TEAMS for TANF or Medicaid. This process will be accomplished with information sent from SEARCHS to TEAMS. The payment month and payment amounts are displayed on the issuance history screen. (EXIH). (See Food Stamp Bulletin FS-034 for policy on how to determine if the CSED supplemental payment will affect Food Stamps.

It is possible that a family may receive two payments in the same month due to the timing of the receipt of the non-custodial parent's payment by Child Support. Actual payments will only be issued once a month so when two payments are made, each will indicate the month for which the child support was received.

EXAMPLE #1: Child Support obligation has been established for $100.00 per month. The absent parent is paid every other Friday with $50.00 withheld from each check. The employer sends the first $50.00 payment (for July) to CSED on July 15th. He does not send the second $50.00 payment (for July) to CSED until August 10th. When the supplemental payment process is run August 1st, only one payment for $50.00 will be issued since the employer has not yet sent the second July payment to

CSED. The family would receive a $50.00 supplemental payment in August, which is the current amount CSED received for July.

EXAMPLE #1a To extend the example above, during August the employer sends the second July payment as well as both payments for August. The September 1st run will issue $50.00, (the second July withholding,) and will issue $100.00 for current August obligation. The payment for each month will be issued separately and listed separately on EXIH.

A system-generated notice will be sent to the TANF family each time a supplemental payment is issued. The notice will indicate the month for which the amount was issued.

Supplemental payments will be issued automatically via TEAMS **only** on the first working day of the month. Current child support collected in the prior two months is used to determine the amount of the supplemental payment. Information received from CSED **after** the last day of the second month will be posted to TEAMS but a payment will not automatically be issued.

EXAMPLE: On the 15th of July, the employer made a $50.00 payment to CSED. On August 1, TEAMS ran the supplemental payment process and a payment of $50.00 was issued. On August 5th, the employer made a payment of $25.00 to CSED for July's current support. On August 20th, CSED collected $75.00 for August support. On September 1st, TEAMS issued two amounts—one for $25.00 for July and one for $75.00 for August.

On September 10th, CSED discovered that an additional $25.00 for current support for July had mistakenly been credited to the wrong non-custodial parent case. (Case # 1-Smith). The correction was made that day and the $25.00 adjustment was listed on CSSD for the month of July.

When CSED posts the $25 payment to the right non-custodial parent case (Case #2-Jones), the corrected payment can not be automatically issued by TEAMS due to the cutoff date of the last day of August for July child support payments. In this example, the payment will be issued manually.

A manual payment will be issued only if an error was made by CSED in posting the payment. Please contact Susan Rutherford at 444-9478 for assistance.

► **NOTE:** There will be no overpayments for any household that receives the child support supplement in error.

SUPPLEMENT/ CASE CLOSURE

If the case is closed for any reason, including a sanction ineligibility month, the supplement will be issued as long as the family received TANF in the month the current child support was collected.

EXAMPLE: A four-person TANF household was sanctioned for the first time in September due to non-coop of the mother and their grant was decreased. She did not renegotiate a FIA/EP in September so October was an ineligibility month. CSED collected $80.00 in September for the older child. Although the case is closed effective September 30, 2005, the family will receive a supplement payment in October because they were TANF recipients in the month the child support was collected.

I If the family was issued TANF benefits for August, they would also receive a supplemental payment in the October issuance process for the benefit month of August if a child support payment was collected for August (in September).

There are two new TEAMS screens as a result of this change. (CSSD and CSSS) Please refer to the TEAMS bulletin entitled "Child Support Supplemental Payments" if you have any questions regarding any information displayed on TEAMS.

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Department of Public Health and Human Services

FAMILIES ACHIEVING INDEPENDENCE IN MONTANA

SECTION: ELIGIBILITY AND BENEFITS

SUBJECT: Work Support Payments

Superseded: FAIM 705-1 (02/01/2001)

References: Senate Bill 77

GENERAL RULE-- A work support payment may be provided to families the month following closure of TANF cash assistance, when the case closed because of a qualifying event. The payment can only be provided once in a 12 month period. A work support payment is equal to the benefit standard for a household of three. The payment is considered countable income for the TANF cash assistance program and is excluded for ongoing FMA, FS and SSI-MA cases. The payment is countable for FS applications and must be coded 'OF' on UNIN.

NOTE: A work support payment is not provided if the new or increased earned income was not reported within 10 days of the participants knowledge of the change.

QUALIFYING EVENT

A qualifying event is a TANF cash case closure due to new or increased earned income of the assistance unit. To be eligible for the work support payment a family member must have received TANF cash assistance in Montana, during the month prior to closure and case closed due to a qualifying event.

Upon termination of TANF cash assistance:

1. Determine if the closure was due to a qualifying event. If it was not, enter the code **'SAN'** (because the HH size decreased due to a sanction) or the code **'NQE'** (for any other reason) in the Work Support field on AFED.

2. Determine if the income was reported timely. If it was not reported timely, enter the code **'UTR'** in the Work Support field on AFED.

3. A Work Support Denial Code **of NQE, UTR or SAN** may be changed to **WPR** by the worker after monthly issuance, but only through the 10th of the month following the closure month. This enables the worker to generate a payment referral if new information becomes available which qualifies the household for the Work Support Payment.

4. If the closure was due to a qualifying event, the change was reported timely and a work support payment has not been issued for the case in the previous 12 months, enter the code **'WPR'** in the Work Support field on AFED.

5. When **WPR** is entered in the work support field on AFED a referral is sent to the WoRC operator on the 28th day of the month. However, this code cannot be changed after monthly issuance/cutoff. The payment amount is then autopopulated onto the UNIN screen with the 'WP' code.

6. Notify the family of the case closure via appropriate TEAMS notice (X612). An informational notice will be sent to the family by the WoRC Contractor or their Sub-contractor when a work support payment is issued.

EXAMPLES: (Qualifying Event)

1. A family member starts receiving earned income which causes their TANF cash assistance case to close. Since the closure is the result of new or increased earned income this is considered a qualifying event.

2. Household consists of mom, mom's two children and mom's boyfriend (not father of the children). The AU does not include the boyfriend. Mom and boyfriend get married, his income causes mom's TANF cash assistance case to close. There is no work support payment eligibility as closure was not due to a qualifying event. Closure was due to adding the boyfriend (now the spouse) and subsequently counting his income.

3. Household consists of SSI mom and her child. She is receiving a grant for only her child. Mom's SSI changes to SSDI and becomes countable. Increased income causes child-only grant to close. There is no work support payment eligibility as closure was not due to a qualifying event. The closure was not due to an increase in earned income.

4. AU consists of mom and her child. The absent father returns to the home. When he is added to the case, his income causes closure. There is no work support payment eligibility as closure is not due to a qualifying event. Closure is due to adding a person (the father) and subsequently counting his income. The father was not a part of the AU, therefore, the AU's income did not increase.

   NOTE: If mom had also had an increase in income at the same time that the absent father returned to the home, we would need to test to see if her income alone would have closed the case. We test the income limits for a household of two.

5. Filing unit consists of mom and two children. Mom fails to comply with the WoRC program and is serving her 2nd sanction for the months of June, July and August. In July mom reports she got a job. Prospected income exceeds limits and causes Pathways to close. Since the closure is the result of new or increased earned income this is considered a qualifying event.

   NOTE: It is not necessary to test the case to see if income limits would have been exceeded if mom hadn't been sanctioned. If the income limits for two are exceeded, this is a qualifying event.

6. Dad and two children are receiving TANF cash assistance. Dad is sanctioned due to non-compliance with the WoRC program. Decreasing the grant because of dad's sanction causes the assistance unit to exceed income limits. Closure was due to a decrease in household size not an increase in earned income. This is not a qualifying event.

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Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: TIME LIMITED ASSISTANCE Subject: Time-Limits Overview

Supersedes: TANF 801-1 (07/01/05)

References: ARM 37.78.102; ARM 37.78.201 and .202; 45 CFR 264.1

► **GENERAL RULE**-- A State's TANF program replaces the former Aid to Families With Dependent Children cash assistance program and may be known by a title other than TANF. Per Federal regulations TANF funds can only be used to provide cash assistance to eligible families that include an adult caretaker relative for 60 months, unless the adults in the home meet the State's qualifying conditions for extended TANF assistance. The 60 months begin after the date the State's TANF program began and do not need to be consecutive. Federal Law allows each state to have up to 20% of their caseload receiving assistance longer than 60 months. Each state establishes their own policies regarding who qualifies for these extended benefits.

►MONTANA TANF CLOCK

Montana's TANF-60 clocks began incrementing February 1, 1997 for all ongoing and new Cash Assistance cases. (See the TASP table on TEAMS which lists the start date of countable federal TANF in other states.)

TEAMS maintains **TWO** 60 month time clocks for each adult, one State and one Federal. To avoid issuing benefits beyond the 60 month time-limit, the Eligibility Case Manager must account for the number of months the adult may have received cash assistance in any state prior to his/her application in Montana.

►COUNTABLE MONTHS

Each month of cash assistance an adult, a teen parent living independently, or a minor parent receives in any State can count as one month of assistance against the 60-month limitation. However, each State's policy and procedure varies depending on funding sources and State options. See section **802-1 (Incrementing MT Time Clock)** for information on which adults will incur countable TANF months on Montana's State and/or Federal time clock.

RETROACTIVE TIMECLOCK ADJUSMENTS

An HCS-200 (Retroactive Time Clock Alteration Request Form) must be completed if an individual's time clock needs to be decreased, deleted or corrected (months added). See section **803-2 Retro. Time Clock.**

►INQUIRES ABOUT MT'S CLOCK

All of Montana's TANF case assistance is federally funded. However, Montana has two time clocks. Therefore all out of state inquiries must be routed through central office for confirmation of countable federal time clock months.

►INQUIRES ABOUT ANOTHER STATE'S CLOCK

When an applicant indicates he/she has received cash assistance from another state/tribe or the Eligibility Case Manager has reason to believe benefits were issued by another state/tribe after October 1, 1996, the other state(s)/tribe(s) must be contacted by Central Office to determine number of countable TANF months received. See section **803-1, Out of State Requests** for the verification process.

CHANGES IN HOUSEHOLD COMPOSITION

If a family who has previously received TANF Cash Assistance joins a family currently receiving TANF Cash Assistance, TEAMS will evaluate the Montana TANF time clock of **all adult participants** who are coded 'IN' or 'DQ' with a 'SN' reason code. The Montana TANF time clock on SEPA, EXPD and CASU will reflect the time clock of the adult participant coded 'IN' or 'DQ' with an 'SN' reason code with the **greatest** number of months.

When an adult required filing unit member leaves the assistance unit, TEAMS will re-evaluate the Montana TANF clocks of the adults coded 'IN or 'DQ' with an 'SN' reason code to determine continued eligibility for time-limited benefits.

See Section **201-3 (Adding/removing HH members)** for specific policy and procedure.

HOUSEHOLDS AT-RISK OF USING 60

A household is considered "at-risk" if any adult household member has used 48 or more months of TANF. The at-risk interview/plan/follow-up process is intended to intensify services for these households before their federal 60-month time limit is exhausted. Every household must have an at-risk plan in place by their 49th month of TANF. See section **801-2** for the **At-Risk interview, plan and follow-up process.**)

►EXTENDED TANF PAST 60 MONTH LIMIT

An individual's Montana TANF time clock may exceed 60 months if all adults in the household qualify for TANF extended benefits. See section **801-3 TANF Extended Benefit Policy and Procedure** for process.

AUTO-GENERATED TIME LIMIT NOTIFICATION

TEAMS auto-generates three time limit notifications to clients. See section **801-3 TANF Extended Benefit Policy and Procedure** for details.

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Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: TIME LIMITED ASSISTANCE Subject: At-Risk Interview, Plan and Follow-up

Supersedes: TANF 801-2 (01/01/06)

References: ARM 37.78.102

GENERAL RULE–A household is considered "at-risk" if any adult household member has used 48 or more months of TANF. The at-risk interview/plan/follow-up process is intended to intensify services for these households before their federal 60-month time limit is exhausted. Every household must have an at-risk plan in place by their 49th month of TANF.

► The goal is to develop a cohesive plan between OPA, WoRC, the participants and any other agency involved with the household. Case history and future strategies should be discussed during the interview. Please document in the S.O.A.P. format outlined later in this section what services have been provided in what states, current status, progress, and goals/plans. In addition, the participants should be fully educated on all options under TANF. If currently employed, they may want to save the TANF clock and only receive FS and MA.

AT RISK REPORTS Two TEAMS reports are generated and sent to County Directors to identify households:

1. 18 month Time Clock At-Risk report – lists adults with **exactly** eighteen months of TANF benefits remaining. There is not a requirement to interview participants listed on the eighteen-month at-risk report, but it may be wise to do so.

2. 12 month Time Clock At-Risk report – lists all adults currently open who have used 48 or more months of TANF regardless of if they have an at-risk plan in place or not.

A client may appear on a 12-month list without previously appearing on the 18-month list. Central office (Carol Carpenter) generally e-mails the County Directors and WoRC Monitors to notify them of out-of-state time clock adjustments that causes a the change resulting in 18 or less months remaining.

► Central office will create and e-mail a monthly update to County Directors WoRC Monitors, Area Managers, Regional Policy Specialists and central office management, listing those needing an at-risk plan. It is expected that WoRC Montiors will forward the list to WoRC directors as needed.

The report is intended as a tool to confirm central office records are consistent with that in the counties. The report also includes statistical data on at–risk and extension cases.

►AT-RISK INTERVIEW

The first interview is expected within 30 days of receiving the first 12-month Time Clock At-Risk report. Each County Director is expected to **personally** interview each participant as part of a team with the WoRC Case Manager and possibly other entities involved with the household (e.g., Voc. Rehab, mental health, etc.) Each person with a FIA/EP must have their own at-risk plan and at least a part of the interview should be separate from other household members to discuss sensitive areas such as domestic violence, chemical dependency, health concerns and learning disabilities.

The expectation is that the County will work closely with WoRC to make continued efforts until successful contact is made.

►

The WoRC Case Manager should be meeting with most clients weekly. The County Director or designee must coordinate with WoRC to get the at-risk interview/plan completed timely. It is a best practice to schedule the at-risk interview for the same time as the client is being required to sign the employment plan (EP) for the following month. The client should be informed that at the next EP meeting the County Director or designee will be discussing their plan for the remaining TANF months. If the client fails to appear, WoRC will attempt contact by phone or letter the same day as failure to show. If arrangements to complete the employability plan and at-risk plan have not been made within three days of the originally scheduled appointment, the WoRC Case Manager will recommend case closure for no FIA. The closure notice (A607) sent by OPA must state that part of the process in negotiating a FIA/EP for next month is meeting with XXXXX (county director or designee) to create a plan for their remaining months of TANF. If the household fails to comply by the effective date of closure and reapplies, the County Director or designee must meet with them and document their at-risk plan.

Although the WoRC Case Manager is included in the interview, the County Director is ultimately responsible for **documenting the plan on TEAMS case notes** by the 10th of the 49th month. The County Director may delegate entering at-risk case notes on TEAMS but must review them for accuracy and content. When the County Director has entered or approved the TEAMS case note, he or she should e-mail Carol Carpenter in Central Office so statewide statistics can be updated based on the notes entered.

►AT-RISK CASE NOTE

At risk case notes need to be entered in S.O.A.P. format (Subjective, Objective, Assessment, Plan) All case notes should address the issues of who, what, when, where, why and how. However, an at-risk or extension case note needs to be more detailed. The beginning should state where and when the meeting occurred and who attended. The rest of the data is broken into four parts in S.O.A.P. format.

NOTE: General terms regarding physical or mental health issues should be used in system case notes. Details are needed in the hard copy case management notes in the WoRC Case file. See example on last page of this section.

- **S- Subjective-** What the client stated. (Barriers, history of work, education, domestic violence, physical and mental health, what strategies have worked, what would they like to try, what would they do if TANF ended tomorrow, what do they see as their strengths and weaknesses.)

- **O-Objective** – What the Case Managers have observed or have facts of. (Work history, assessments, evaluations, WEX placements, medical verification, SSI application status, sanction history, what has been demonstrated as a strength or weakness.)

- **A – Assessment**- What is happening or could be done. (Do current employment plan activities meet current need, are activities specific, reasonable, achievable and measurable (SRAM), are there additional assessments or evaluations needed, are there adequate supports in place, what changes can be made.)

- **P- Plan-** What is going to be done, including how follow-up will occur. (What are the goals for the remaining time clock, and beyond—3 months, 6 months, 9 months 12 months. What can be done to achieve goals.)

The plan cannot include being approved for extended TANF cash assistance benefits but could include gathering needed medical verifications. If the individual has health barriers and is applying for SSI, the plan should include concurrent paths, one to continue the SSI application process and one directly related to employment as the goal. This acknowledges the possibility of final SSI denial. In such cases employment activities could include but are not limited to focusing on accommodations, coping skills and pain management.

NOTE: The plan must be shared with all parties involved in the at-risk interview.

►AT-RISK FOLLOW-UP

Anytime a household has significant changes a new plan is recommended. Significant changes could include, but are not limited to, a change in household composition, case transfer to another county or reapplication after significant break in coverage. County Directors should document the amended plan on TEAMS case notes and e-mail Carol Carpenter so statistical reports can be updated. Although it is the primary responsibility of workers to notify their county director of significant changes, if central office or WoRC become aware of such changes, the County Director should be notified via e-mail. County Directors should also review their at-risk cases quarterly to stay abreast of possible extension applications. This monitoring may include regular visits with WoRC staff about progress and possible amendments to the At-Risk Plan.

MEDICAL DOCUMENTATION

Case notes regarding medical conditions require extra caution due to both HIPAA guidelines and Medicaid regulations. Only the "minimum necessary" information should be included and this would rarely include an actual diagnosis. The documentation in TEAMS case notes should be more generic, e.g. "serious medical condition present, see case file," or "medical condition present that restricts activities, see case file," or "mental health issues present, see case file." Such references alert to the possibility of an extension application being filed and the need for intensified case management and support.

HIPAA COMPLIANCE

General terms regarding physical and mental health concerns should be used in system case notes. **Details are needed in the hard copy case management notes in the WoRC case file.**

Example:

S: Client states she doesn't like to leave her house. Being around people makes her uncomfortable so her daughter does the grocery shopping. She denies current use of drugs other than alcohol and tobacco.

O: Sanctioned three times for non-compliance, missed appointments without claiming good cause. 17-year-old daughter generally comes with her to the office and helps her with forms.

A: Learning needs assessment completed 07/05 (see WoRC file). Refused chemical dependence evaluation. Most current activities require her to leave her home and could be modified until evaluations (Chemical, Physical and Mental) completed. Still resistant to chemical evaluation. Discussed possible long-term medical concerns even from short use.

P: Next three months determine if there are physical or mental health barriers. Refer to primary care physician for routine check up and encouraged discussion of discomfort around people. Complete additional evaluations as needed. Short-term goal is to manage discomfort and increase routine daily living activities outside of her home. Long-term goal is to find a market for her artwork.

Hard copy file would have copy of learning needs assessment and possibly additional objective detail regarding current drug use or mental health concerns. Follow-up at-risk system case note might state, "physical and mental health concern identified, SSI app. filed - See hard copy WoRC file". Then in WoRC file there would be details of mental health diagnosis. Activities would be modified to address both the possible extension concerns (ongoing counseling, medication logs, SSI application, ect.) and employment (research job accommodations, research how to market art work on the internet, take an art class etc.)

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Department of Public Health and Human Services	Section: TIME LIMITED ASSISTANCE
TANF CASH ASSISTANCE	Subject: TANF Extended Benefit Policy/Procedure

Supersedes: TANF 801-3 (01/01/06)
References: ARM 37.78.102, .201 and .202; ARM 37.5.316 and .505; 45 CFR 264.1(c)

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OVERVIEW

GENERAL RULE–Federal regulations allow States to extend TANF benefits to no more than 20% of the average annual statewide caseload for households that include an adult who has received 60 or more months of TANF cash assistance.

Households will not automatically be evaluated for TANF cash assistance extended benefits. Neither OPA nor WoRC case managers should encourage or discourage households submitting an application. It will be incumbent upon each household to request consideration for and comply with the application/eligibility determination process. This request can be verbal. **Workers (OPA and WoRC) must document all requests in TEAMS case notes.**

OTHER ASSISTANCE AVAILABLE

Extended benefit households may, if otherwise eligible, qualify for:

1. Supportive Service payments (704-1),
2. Block Grant Child Care (901-1); and
3. Work Support Payments (704-2).

BASIC REQUIREMENTS

Montana will extend TANF cash assistance payments beyond the Federal 60-month limit to households that meet **all** of the following:

1. apply for extended benefits;
2. are otherwise eligible for TANF cash assistance;
3. at least one adult must be coded 'IN' on SEPA; and
4. all individuals with an adult/child indicator of 'A' or 'I' and a participation code of 'IN', or 'DQ' (for any reason) on SEPA meet one of the following extension reason criteria:

    a. Physical/Mental Incapacity of Participant (**PMI**);
    b. Physical/Mental Incapacity of Participant resulting from Domestic Violence (**PMD**);
    c. Needed in Home - Physical/Mental Incapacity of Household Member requiring Caretaker (**NIH**);
    d. Domestic Violence (**DMV**); or
    e. Administrative Issuance (**ADM**).

Monthly benefits will be issued to eligible households according to TANF cash assistance benefit standards. In addition, these households are:

1. subject to all TANF cash assistance eligibility requirements;
2. required to participate in activities from the date of application; **and**
3. subject to all TANF reporting requirements.

EXTENSION CRITERIA DETAILED

PMI **Physical/Mental Incapacity of Participant**: Either a temporary or permanent mental or physical illness or incapacity that prevents the individual from working any type of job. The participant must provide proof of the illness or incapacity as follows:

1. provide verification they receive disability payments from SSDI also known as SSDIB (coded SS on TEAMS UNIN screen); **or**

2. provide copies of what has already been given to the Social Security Administration for a pending application or appeal (including a copy of the application and medical verification submitted with the application); **or**

3. complete the "Illness/Incapacity Determination for Extended TANF Cash Assistance" (HCS-176) and provide medical verification such as the 209 "Request for Health/ Employability Evaluation of Extended Benefits" (HCS-209) completed by each medical provider.

PMD **Physical/Mental Incapacity resulting from Domestic Violence**: When an individual meets the above criterion for PMI and states the illness or incapacity is the result of domestic violence use the reason code PMD instead of PMI. All the above verification must still be provided.

▶ **MEDICAL VERIFI-CATION PMD/PMI**

Case managers must provide HCS-209 ("Request for Health/Employability Evaluation of Extended Benefits" forms to all TANF applicants claiming PMI or PMD. Unsigned forms cannot be sent to medical providers. If the adults fail to sign the HCS-209 forms, TEAMS case notes must be documented stating the client chose not to use the forms and will provide other medical verification. If the client provided verification is incomplete or questionable, additional information can be a condition of eligibility.

NIH **Needed in Home - Physical/Mental Incapacity of Household Member**: The individual is needed in the home full-time as the primary caretaker for a household member who has either a temporary or permanent mental or physical illness or incapacity and no other care is available. The participant must provide proof (statement from a physician) of **all** the following:

1. the household member's illness or incapacity;
2. that the household member needs full-time care; **and**
3. the participant is the only person who can provide that full-time care.

DMV **Domestic Violence**: The participant is attempting to resolve a current domestic violence situation. A participant may receive extended benefits due to current domestic violence in six-month blocks of time. To qualify for extended benefits using the domestic violence extension reason, the participant must provide proof:

1. of the current domestic violence situation. This evidence can include written statements from other individuals (including but not limited to friends, neighbors, advocates, others), personal records of domestic violence, completed screening guide, police reports, medical records, statement from a service provider, etc.; **and**

2. that the individual has made contact with a domestic violence program, support group, advocate, women's shelter or the Montana Coalition Against Domestic and Sexual Violence (1-888-404-7794).

If the participant has not yet made contact with the domestic violence program, the Case Manager (WoRC or Eligibility) should have the individual complete the Domestic Violence Screening Questionnaire (HCS-326) and make a referral to the local domestic violence program.

NOTE: When the Domestic Violence Screening Questionnaire is completed **and** contact has been made, all conditions are satisfied and the extension packet should be forwarded to central office for determination.

ADM **Administrative Issuance**: The Administrative Issuance code will be used to report those households which, due to special circumstances, were issued TANF benefits in Montana beyond 60 months. They will be included in the 20% exception group. The ADM code can only be entered by PAB Central Office staff or in a TEAMS auto-population process.

EXAMPLE 1:
Household applies for benefits on the 20th day of the 59th month. The application is processed and approved on the 20th day of month 60. The Eligibility Case Manager did not include the closure language, including legal cites, in the approval notice. This case must now be closed with timely notice. The TANF Program Officer must be contacted to enter the ADM code for the 61st. mo.

EXAMPLE 2:
Household applies for benefits and has moved from another State. The HCS-100 "Out- Of-State TANF Benefit Verification Request" is completed and sent to the TANF Program Officer to verify out of state benefits. Household meets all other eligibility criteria so benefits are issued. After the first month's grant is issued the out-of-state verification reveals that the household has received 65 months of TANF cash assistance. The TANF Program Officer enters out of state months on TICU. TEAMS automatically codes the one-month of benefits already issued in MT as an ADM extension month. A repayment is not requested.

NOTE: In both examples the Eligibility Case Manager needs to give timely notice of closure and send the household form **HCS-178** (TANF Cash Assistance Extension Notification/ Application Request) informing the household of their right to apply for extended TANF assistance. TEAMS case notes must document the form was provided.

SANCTIONS

Sanctions for non-compliance with WoRC end when the 60th month is used. Therefore, a household cannot have a penalty month or ineligibility month for their 61st month. Non-compliance with required activities during an extended period results in case closure. Sanction policy in section 702-3 does not apply to extended benefit cases.

►WHO MUST BE EVALUATED FOR AN EXTENSION

All **family** members coded on SEPA with an adult/child indicator of 'A' or 'I' and a participation code of 'IN' or 'DQ', for any reason, must meet criterion extension before anyone in the home can receive extended TANF benefits.

NOTE: Individuals who receive SSI do not need to meet an extension reason criterion, because they are coded 'OU'. (Deemed persons, DP participation code on SEPA, also do not need to meet extension criterion at this time.)

► To define "**family**", start with the adult who has received 60 months of benefits. Look at who would have been a required filing unit member as 'IN' or 'DQ' (for any reason) with an adult/child indicator of 'A' or 'I' in the 60th month of eligibility as if the **current** circumstances existed then.

NOTE: If there was a minor child included in the assistance unit in the 60th month who was an optional assistance unit member (e.g. niece, etc.), the case cannot be switched to a child only grant after month 60 unless the adult has been approved for SSI.

EXAMPLES

1: Jean and her two children, Billy and Bob, received 60 months of TANF assistance. The case closed because Jean did not meet an ext. criterion. Jean has another baby, Ben. She cannot receive a child only grant for Ben because he would have been a required filing unit member had he been in the home in the 60th month.

2: Janet and her child Angie received 60 months of TANF assistance. The case closed because Janet did not apply for an extension. Nine years later Janet applies for a child only grant for her grandchild, Jill. Jill is Angie's child and Angie is not in the home. Janet can receive a child only grant for Jill because she would not have been required to be part of Janet's "family" in month 60.

NOTE: Janet could only be included in the grant if she meets the extension criterion.

3: Jim and his child, Kelly, received 60 months of TANF assistance. Jim received extended benefits because he did meet an extension criterion. Jim then marries his girlfriend, Beth (not the mother of Kelly). Eligibility for the household is evaluated as if **current circumstances** (i.e. the marriage) existed in the 60th month. To continue TANF cash assistance both Beth and Jim must meet an extension criterion.

4: Mrs. Beasley and her grandchildren, Buffy and Jody, received TANF assistance for 60 months. Mrs. Beasley's case was closed because she did not meet an extension criterion. She now requests a child only grant for Buffy and Jody. She cannot receive a child only grant because Buffy and Jody were included in her filing unit in month 60 and they are part of her "family".

NOTE: Mrs. Beasley could receive a child only grant for her niece, Bambi, because Bambi was not included in the assistance unit in the 60th month and she would not have been a required filing unit member had she lived in the household in the 60th month.

5: Carrie's 60th month of TANF was June 2006. In July 2006 it is discovered that she committed an intentional program violation while on TANF and in August 2006 her 12 mo. disqualification period is imposed; Sept. '06 - Aug. '07. In June 2007 she is in a car accident and cannot work for six months (June-Nov.). Her extension application is denied because there are no adults coded "IN" for June 2007 or July 2007. She could reapply for September 2007 TANF and be approved, if all eligibility criterion are met.

6: A household consisting of Mom and three kids received their 60th month of TANF in July. They do not submit an extension application. The household (still mom and 3 kids) applies for TANF in December. Mom is now receiving SSI. The household is evaluated for December eligibility as if the **current circumstances** (Mom's receipt of SSI) existed in the 60th month. Since Mom would have been coded 'OU' due to receipt of SSI, if otherwise eligible, we could approve a child only grant prorated from the date the HCS 250 was received.

Now expand the above example to say there was also a dad in the home who also received the 60th month in July and is reapplying with the household in December. The case could only be opened if he meets an extension criterion.

To change the above example again, say dad's last benefit (July) was his 55th month and he does not meet any extension criteria. Since he is the **only adult** to be coded 'IN' or 'DQ' in the month of application and he **has not** received his 60th month we **do not** need to apply current circumstances back to the 60th month. If the household were otherwise eligible, open assistance for dad and three kids until he reaches his 60th month. Mom is coded 'OU' due to SSI.

7. Bob and Sally both exhausted federal TANF time limit in July. Bob moves in with his pregnant girlfriend (Cindy) and her children. Sally is in her third trimester of pregnancy and Bob claims to be the father of the unborn and is coded 'DP' on SEPA. His time clock does not have an effect on her case until he is added the month after birth. The child is born in October first and Bob is coded 'IN' for November and the case clock updates to 60 months. All adults must meet extension criterion for November eligibility.

8. Gertrude exhausts her TANF time limit in May either in MT or elsewhere. She moves in with the father of her children (Gary) who has never used any TANF months. In September they apply for TANF and she is coded 'DQ' for a reason other than sanction (determined an ineligible alien, serving an IPV in MT, fails to provide birth cert. etc.) She and all other work eligible adults must meet extension criterion and be approved by central office before Gary or the kids can receive TANF.

NOTE: Because the 'DQ' is for a reason other than sanction, TEAMS will show the case clock as zero and allow Gary and the kids to receive TANF without the household meeting extension criterion. Until the system can be updated Eligibility Case Managers will need to be sure

there are no adults coded 'DQ' on SEPA who have 60 or more months on RECI.

AUTO-GENERATED TIME LIMIT NOTIFICATION

TEAMS auto-generates three time limit notifications to household to ensure that timely notice requirements have been met.

1. Extension notification letter- sent in the **58th mo**. It is not a TEAMS notice that can be viewed on NOHS. Proof that it has been sent can only be verified by viewing **EXBN.** (To access the screen enter "EXBN" ("Extended Benefit Notification History") in the "next" field on any screen.

   NOTE: TEAMS will not send the notification letter to any household for which benefits have not yet been authorized or to closed/denied households. (See next page for details on sending this letter manually-HCS-178)

2. Close -Time Limit Exhausted- A617 is sent on the **15th day of the 60th** month of assistance if TANF extended benefits have not been authorized. The Eligibility Case Manager documents the closure in TEAMS case notes.

   NOTE: If an extension application is denied, the Eligibility Case Manager must send notice A204 "Denial Extension" even if the household was notified of closure by notice A617.

3. Close-Re-evaluation- A618 is sent on the 15th **day of the re-evaluation month** if TANF extended benefits have not been authorized for the following month.

   NOTE: If an extension application is denied the Eligibility Case Manager must send notice A204 "Denial Extension" even if the household was notified of closure by notice A618.

HCS-178 MANUAL EXTENSION NOTIFICATION

In instances that an **automatic letter cannot be sent** or the case has been closed since the last time the letter was sent and the month of application is the 58th month or higher (e.g., the applicant has already received 60 months of assistance in another state), the **Eligibility Case Manager** will be required to notify the household using **the HCS-178** (TANF Cash Assistance Extension Notification/Application Request).

EXAMPLE: Household consists of a father and child. The father has received 25 months of TANF. The mother moves in and has received 60 months of TANF. TEAMS will not allow the case to be authorized until both adults are approved for extended

benefits. The Eligibility Case Manager mails the HCS-178 to the household and documents case notes "HCS-178 sent".

The HCS-178 (TANF Cash Assistance Extension Notification/Application Request) can also be used as a tool to notify any household, that has used 48 or more months of TANF, of Montana's extension policy. However, **applications should not be made until they are in their 58th month**

NEW APPLICATIONS 60 mo. used

When a household applies for TANF and has already exhausted their 60 federal TANF months, the Eligibility Case Manager needs to ask mine if the household wants to apply for an extension. If the time clock status is discovered after the applicant leaves the interview, notice X009 "Request for General Information" must be sent requesting an application for extension (HCS-175). The Eligibility Case Manager must also send HCS178 (TANF Cash Assistance Extension Notification/Application Request).

If the applicant wants to apply for extended TANF benefits, see next page "Extension Requested".

If the applicant **states** either verbally or in writing that adults in the home do not meet extension criterion, notice A205 "Deny TC no ext. reason claimed" must be sent and TEAMS case notes documented.

If instead the applicant simply fails to respond to the request, notice X200 "Deny app. fail to provide Info." should be sent. However, the Eligibility Case Manager will need to add the legal cites listed in this manual section to this notice.

In either situation the closure/denial code "TLE" should be used on the AFED screen. If an administrative extension (**ADM**) has already been issued, a CNM closure code must be used (see page 4 & 5 of this section).

EXTENSION REQUESTED

Households can request an extended benefit application either verbally or in writing. Regardless of the method, the request must be documented in TEAMS case notes by the worker receiving the request. The case note must state **what actions** the worker took.

If the request for extended TANF is made in person, the applicant should sign and submit the application(s) before leaving the office.

If the request is not made in person, the forms will be sent to the household by either the WoRC or Eligibility Case Manager with detailed instructions of what is expected. The worker who sends the forms must enter a TEAMS case note. The Eligibility Case Manager will need to send notice X009.

If the individual requests assistance in completing the extension process, the WoRC or Eligibility Case Manager must provide neutral guidance to the applicant(s). Guidance is assisting applicants in understanding the forms, explaining the types of verifications that are necessary, and the steps needed to get the verifications. Guidance does not include completing the forms for the household or telling them what to write.

The case manager (either OPA or WoRC) must offer to assist in gathering medical documentation by asking the applicant to sign a "Request for Health/ Employability Evaluation for Extended Benefits" form **(HCS-209)** for each medical provider and then the worker sends the forms with a cover letter to each provider.

►EXTENSION FORMS PROVIDED

When a request is made, either the WoRC or Eligibility Case Manager provides an application and forms for each individual coded 'A' or 'I' on SEPA with a participation code of 'IN' or 'DQ' (for any reason)

The following are the primary applicable forms at initial application. Please see the chart on page 18 for additional forms and their use.

- **HCS-250** (All Program Application), required if the effective date of closure has passed;
- **HCS-175** (Extension Application), required;
- **HCS-326** (Domestic Violence Screening Guide), for all DMV applicants;
- **HCS-176** (Illness/Incapacity Determination for Extended TANF Cash Assistance), not required to be submitted but must be provided to all applicants requesting an extension for PMI, PMD or NIH;
- **HCS-209** (Request for Health/Employability Evaluation for Extended Benefits) not required to be submitted. However, each applicant requesting an extension for PMI or PMD must be asked to sign one form for each medical provider with knowledge of their health condition.

NOTE: TEAMS case notes must clearly document which case manager will be the one responsible to submit the HCS-209 with a cover letter to each medical provider. If a client refuses to sign the HCS-209s or chooses to take the forms to the medical providers themselves, this must also be clearly documented in TEAMS case notes.

CASE NOTES

Detailed TEAMS case notes are important in all cases but are vitally important in those that have exhausted or are at-risk of exhausting their lifetime limit of TANF benefits. Workers must document barriers, services and progress. Please see section **801-2 page 2-4** for guidance on the **S.O.A. P**. format (Subjective, Objective, Assessment, Plan) which should be used to document at-risk or extension case plans.

► APPLICATION RECEIVED

An application for extended TANF cash assistance benefits is made by completing and submitting a HCS-175 for each applicant/participant who has an adult/child indicator of 'A' or 'I' and a participation code of 'IN' or 'DQ' (for any reason) on SEPA. (An HCS-250 is only required if the effective date of closure has passed.)

EMPLOYABILITY PLAN - EXT. PENDING

Applicants for extended TANF cash assistance **must** be referred to WORC while the application is pending. Applicant activities are generally related to gathering needed verification to determine eligibility as well as work related activities. Compliance with the plan while the application is pending or a history of sanctions are not a consideration in extension approval or denial.

►PROCESSING TIME FRAMES (Calendar days)

An application is valid for **30 days** from the date the application **(HCS-175** if open on TANF or **HCS-250** if not open) is received in the **county** office. The eligibility determination - approval or denial – should be completed within this **30-day** time period. This time limitation serves to protect the applicant's right to receive benefits in a timely manner.

If there is a delay in processing beyond **30 days** due to the actions of a third party that is beyond the control of the Eligibility Case Manager and/or the applicant/participant, the processing time frames may extend beyond **30** days, **if approved by central office**. All delays must be documented in TEAMS case notes.

►START DATE OF BENEFITS

The start date of benefits on TEAMS is the first day of the 61st month for ongoing cases (HCS-175 only). For new applications (both HCS-250 and HCS-175 required) the start date is the date the front page of the HCS-**250** is date stamped by OPA provided the "work eligible" adults enroll in WoRC within 3 working days of referral to WoRC or have good cause for failing to enroll within 3 working days of referral. See application processing TANF 103-5 for prorated benefits.

APPLICATION DATE

An application date is only needed for new applicants or those that have been sent a closure notice due to time limits.

The date of application is:

1. The date the **HCS-250** is received for new applicants or households that apply after the effective date of closure.

2. The date the **HCS-175** is received for closed cases where the:
   a. effective date of closure has not passed, (**see NOTE**) or
   b. ten days to provide additional verification extend past the effective date of closure.

NOTE: When the extension application (HCS-175) is received before the effective date of closure, an application is registered on TEAMS either using the quick registration process or using APMA. Even though a new HCS-250 is not required, the case cannot be reverted to open.

All extended TANF applications must be sent to Central Office even if the county plans to deny for no verification or at client request. This is required for accurate statewide tracking.

FOLLOW-UP NOTICE SENT

If verification of extension eligibility is not attached, The Eligibility Case Manager sends TEAMS notice **X009** "Request for General Info". The notice must list specific verification needed. If HCS-209 forms have been sent to medical providers, the X009 must state the date the forms were mailed and request the applicant contact each provider to remind them to complete and return the forms within10 days.

FIELD RECOMMEND-ATION

The Eligibility Case Manager, WoRC Case Manager and County Director will each give their recommendations about the approval or denial of extended benefits by completing the HCS-177 "TANF Cash Assistance Extended Benefits Referral".

Until the HCS-177 can be updated to allow for a recommendation from all three entities the WoRC Case Manager will need to attach their signed recommendation to the form. If the applicant has a recent history with WoRC, the recommendation should summarize the identified barriers and actions taken to address the barriers.

It is suggested that the WoRC Case Manager meet with the County Director to provide additional information or verification that is not available in the OPA case file.

COMMITTEE EVALUATION

The County Director will forward the completed extension application packet to: TANF Program Officer
P O Box 202925
Helena, MT 59620-2925

The packet must include the front page of the HCS-250, if applicable, HCS-175, HCS 177 and all supporting documents from the applicant, OPA and WORC.

▶ To ensure the application is processed within **30 calendar days**, the completed application and all verification should be forwarded to central office as soon as after the application date as possible. If an HCS-250 is not required, the 30 days start the date the HCS-175 is received.

A central office committee will review all recommendations. In some circumstance central office may obtain the opinions of experts or others knowledgeable about the case before a determination is made. Central office will maintain a file with the original extension request documents. An e-mail regarding the final decision or reason for delayed processing will be sent to the regional policy specialist, WoRC monitor, County Director, WoRC Case Manager and Eligibility Case Manager within **5 calendar days** of receipt of the application packet.

Attached to the e-mail will be a copy of the letter being sent to the OPA with the HCS-177 (Referral form). The letter explains the basis for approval or denial and makes recommendations for additional actions by OPA and/or WoRC.

EXTENSION DENIED

If the extension is **denied** by central office, OPA sends TEAMS notice A204 "Denial– Extension" and include any language suggested in central office's letter. Deny/close the case using the CNM denial/closure code. Document TEAMS case notes.

NOTE: If the case was auto-closed on the 15th with a TLE closure code, the code cannot be updated. However, the A204 must be sent even if the closure notice A617 was sent.

FAIR HEARING

Extended benefit households may request a fair hearing for any adverse action. However, **continued extended cash assistance cannot be allowed while the fair hearing is pending.** This is because continued benefits are not allowed when the department granted the benefit for a particular period of time and the contested action is the department's denial of an additional grant of benefits. TANF cash assistance is granted only for 60 months in a participant's lifetime. Extended benefits time limits are also a matter of law.

When a request for a Fair Hearing is received that is solely related to extension denial or closure due to not meeting an extension criteria, notify the TANF Program Officer in Central Office of the hearing request. Central office will conduct the hearing with assistance from the local OPA and the WoRC program.

Central Office will prepare all exhibits for the hearing, conduct the administrative review, and conduct the fair hearing if necessary. The local office will provide a space and phone for the hearing and record the hearing. The Eligibility Case Manager, County Director or WoRC Case Manager may be called to testify at the hearing.

When the adverse action is based on something other than not meeting extension criterion, follow policy outlined in section **1506 Requesting a Fair Hearing. Please also e-mail central office TANF Program Officer.**

EXTENSION APPROVED

When the extension application is approved by central office an e-mail will be sent to the County Director, OPA & WoRC case managers, regional policy specialist and WoRC monitor. Attached to the e-mail is a letter explaining the circumstances of the approval and suggested activities. If additional ideas are needed, the WoRC monitor or Central office staff should be contacted.

The Eligibility Case Manager will need to complete the following:

1. Confirm the household is otherwise eligible for TANF (including but not limited to the **FIA/EP** being signed and WoRC authorizing the EMPS screen.) If there are still eligibility factors missing, the Eligibility Case Manager will need to send **notice X009** letting the applicant know the extension criterion has been met and list what eligibility requirements still need to be met before the grant can be approved.

2. Enter the appropriate extension reason code and re-evaluation on the TANF Extended Benefits (TAEB) screen;

   NOTE: The Central Office review committee will designate the re-evaluation date based on the facts in the case. The date will be listed on the HCS-177 and on the approval letter sent to OPA and WORC.

3. Approve benefits on the EXPD screen;

4. Send TEAMS approval notice A125 "Appr. TANF Extension"; and document TEAMS case notes.

EMPLOYABILITY PLAN

Applicants for extended TANF cash assistance **must** be referred to WORC while the application is pending. Applicant activities are generally related to gathering needed verification to determine eligibility as well as work related activities. Compliance with the plan while the application is pending or a history of sanctions are not a consideration in extension approval or denial.

When approved for extended benefits the employability plan must be modified so most participation activities are directly related to the extension reason criterion for which they qualified.

NOTE: Prior to the applicant signing the FIA/EP and/or the HCS 755 "E & T Participant-Agency Agreement" both OPA and WORC **staff must cross off** the information regarding **sanctions**. The Sanction process does not exist for extended benefit cases.

WoRC case managers must have contact with extension participants at least bi-weekly. However, weekly contact is generally needed to assist the household in participation. The frequency of the contacts should be on a case-by-case basis.

PARTICIPATION/ NON-COMPLIANCE

Extended benefit households are not subject to current sanction policy. Compliance with TANF participation activities is an eligibility requirement even if their only component code has been approved by central office to be EBI (see **701-3 Participation Components**).

When any member of the extended benefit household fails to comply with negotiated activities without good cause AND the WoRC Case Manager is not able to re-engage the participant in activities, the extended benefit case must be **closed** with 10-day notice. Send TEAMS notice A605 "Extension Non-compliance".

Even though a household cannot be sanctioned during an extension, they still have a right to the good cause process. (See section 702-2 and 1509-1). They cannot receive continuation of extended TANF benefits while the fair hearing is pending. However, if the hearing is in their favor benefits will be reinstated.

▶REAPPLICATION AFTER NON-COMPLIANCE CLOSURE

When an extension applicant reapplies within **three months** of their extended TANF being closed for non-compliance with negotiated activities, they must verify they are in full compliance with past activities or comparable activities to address their barriers. For example, a case is approved based on mental health concerns but a treatment plan cannot be finalized without continued counseling and a psychological evaluation. The case is closed for failure to attend counseling and failure to appear for a psychological evaluation without good cause. When the household reapplies still claiming to be totally unemployable due to mental health status, the adult must currently be attending counseling and be in the process of completing a psychological evaluation before extended TANF could be approved.

CHANGE REPORTING/ (INFORMAL RE-EVALUATION)

Households that qualify for cash assistance extended benefits must be evaluated by county staff any time household circumstances change that effect the extension. Such changes might include earnings or household composition.

NOTE: Earnings of any adult approved due to a total inability to work (PMI, PMD or NIH) will cause case closure due to no longer meeting extension criterion regardless of the amount of earnings.

NOTE: Adults approved due to currently resolving a domestic violence situation are not automatically closed if they earn income or if the abuser returns to the home. However they must continue to comply with addressing the concern, e.g. continue counseling, and if the abuser is a required adult filing unit member, he or she must also meet extension criterion. (Reminder: SSI recipients are not required filing unit members/verifications are not needed.)

If the Eligibility Case Manager in conjunction with the WoRC Case Manager determines that the extension criterion is no longer being met when a change is reported, the case should be closed with timely notice. If the circumstances are questionable or continuation of the extension is uncertain, a new HCS-177 with the WoRC Case Manager and County Director's recommendations and documentation of the change in circumstances are sent to central office.

If the extension reason changes, the participant must apply for a new extension using the HCS-175. A closure notice (A614 Close "Extension ended") must be sent explaining the current extension has ended and a new application is required to determine if the household is eligible under a new criterion.

FORMAL RE-EVALUATION

Central office indicates on the HCS-177 when a formal re-evaluation is needed and the Eligibility Case Manager enters the re-eval. date on the TAEB screen. Households due for a formal extended benefit re-evaluation will be on the FIA-Renewal Report and a TEAMS alert will be generated.

TEAMS will evaluate the TAEB and EXPD screens to identify those re-evaluation cases for which TANF extended benefits have not been authorized. If benefits for the month following the re-eval. month have not been **authorized** by the 15th day of the re-evaluation month, TEAMS automatically closes the case and sends notice A618 "TANF Auto Close – Re-evaluation" the night of the 15th. (If the 15th is on a holiday or weekend the notice will be sent the next working day.) The Eligibility Case Manager documents the closure in TEAMS case notes.

1. The month before re-evaluation the Eligibility Case Manager contacts the WoRC Case Manager and County Director to determine a time to meet with the participant together. OPA then sends TEAMS **notice A033** to the participant scheduling a re-evaluation appointment for that time.

   - In the notice include a specific list of documents that need to be brought to the appointment (e.g., HCS-181, medical doc., etc.)

   - Mail the HCS-181 to the participant. It is a best practice to put a screen print of the A033 notice in the envelope when the HCS-181 is mailed.

2. The **participant** completes the HCS-181 and brings it to the re-evaluation interview. (The HCS-181 is a mandatory form for re-evaluation because the household is basically reapplying for extended TANF.)

   - If the household is requesting an extension under a different criterion, they must apply for a new extension using the HCS-175. A closure notice (A614 Close "Extension ended") must be sent explaining the current extension has ended and a new application is required to determine if the household is eligible under a new criterion.

   (An HCS-250 would also be needed if the HCS-175 is not received prior to the effective date of closure.)

3. The formal extended benefit re-evaluation interview is completed, and additional eligibility verification is requested via notice X009.

   NOTE: Participants need to continue to comply with WoRC and have an active employability plan in place. When verification of current compliance cannot be provided the case will be closed for failure to comply instead of failure to meet extension criterion.

4. The HCS 177 is completed and sent to central office with the HCS-181 and all verifications as indicated earlier in this manual section for the original extension application. It is best to send the re-evaluation packet to central office by the 10th of the re-evaluation month. Due to this limited time frame, it might not be possible to receive a signature from all three field entities on the HCS-177. In these circumstances the entity can e-mail central office their recommendation.

5. Take required action based on Central Office determination. (see process for original application approval or denial.)

6. If continued extension is denied, close case using the "CNM" closure code and send TEAMS notice A614 "Close, Extension Ended".

NOTE: If TEAMS auto-closes the case with an "OBE" code and notice A618 has been sent, the code cannot be changed but notice A204 must be sent.

CASE HISTORY EXAMPLE

- **Feb. 8** Extension approved for 8 mos. to recover from surgery; (Formal re-evaluation due in Sept.)
- **June 13** Reports minor daughter now has income;
- **June 15** Informal re-eval. completed and no change (excluded income)
- **Aug. 15** OPA & WoRC coordinate date for re-eval. & send notice A033.
- **Sept 1** Client is a no show for re-eval. appointment & reschedules.
- **Sept. 10** Client completes re-eval. appointment and signs the HCS 181 (re-eval) and two HCS –209s (Req. for medical eval.)
- **Sept. 12** X009 sent informing client HCS 209 forms sent to providers.
- **Sept. 15** TEAMS auto sends closure notice A618 (Oct. not authorized.)
- **Sept. 20** Medical verification received;
- **Sept. 22** OPA/WORC each sign the HCS-177 & submit it to central office.
- **Sept. 24** Central office agrees with county, criteria are no longer met. Medical verif. supports she can work 10 hrs a week.
- **Sept. 26** OPA sends notice A204 (extension denial)
- **Oct. 5** Household reapplies based on change in circumstances (HCS 250 and HCS 175 needed along with all verification.)

TEAMS Screens

The following TEAMS screens are used exclusively for TANF cash assistance extension cases:

EXBC – Extended Benefits Case Summary
EXBP – Extended Benefits Person History
EXBN – Extended Benefit Notice
TAEB – TANF Extended Benefits

Forms Used for At-Risk and Extension Cases

On next page – please also see page 9-10.

Form #	Name	Intent?	Required?	Comments/Reminders
HCS 100	Out-Of-State TANF Benefit Verification Request	Eligibility	Required to confirm current federal time clock months	Application cannot be pended unless the client states they may have exhausted months. If OPA wants to expedite the process, send Carol Carpenter an e-mail, call her at 444-9291 or attach a note to the request.
HCS 174	Universal Notification of the TANF Family Violence Option	Eligibility/ Case Management	Required to fully inform all households of the option.	Form is required for all TANF applicants and not just those at-risk of exhausting their months or applying for an extension.
HCS 175	Application for Extension of TANF Cash Assistance	Eligibility	Required for every extension application	Client must sign the bottom of the form. Must use form with Rev. 2/02 date or later. All prior forms do not match policy.
HCS 176	Illness/Incapacity Determination for Extended TANF Cash Assistance	Eligibility	Optional but strongly suggested for applicants with health barriers.	It is rare for an application to be approved without this form. NOTE: It should not be given to applicants solely requesting an extension due to domestic violence.
HCS 177	TANF Cash Assistance Extended Benefits Referral	Eligibility	Required for every extension application and re-evaluation	Until the form can be updated WoRC will need to attach their recommendation prior to sending it for County Director's review.
HCS 178	TANF Cash Assistance Extension Notification/ Application Request	Eligibility	Required only when TEAMS cannot send the auto notification timely	TEAMS auto generates a letter to the household for the 58th month and records it on the EXBN screen. This form can be used as a tool for any at-risk household.
HCS 181	TANF Extended Benefits Re-Evaluation Form.	Eligibility	Required for every extension re-evaluation	Client must sign the bottom of the form. It is considered the re-evaluation application.
HCS 206	Request for Mental Health and Cognitive Impairment Information	WoRC Case Management for ongoing cases.	Optional to confirm abilities so appropriate activities can be assigned.	These forms are NOT to be used to determine eligibility for an extension. The wording focuses on ability and cannot be used to determine an eligibility/total inability to work. They can be used as a supplement to other medical verification used to determine eligibility such as the HCS 209.
HCS 207	Request for Work Activity Capabilities	WoRC Case Management for ongoing cases.	Optional to confirm abilities so appropriate activities can be assigned.	
HCS 209	Request for Health / Employability Evaluation for Extended Benefits	Eligibility	▶ Mandatory unless the household can provide detailed medical verification showing a total inability to work.	To allow approval without the HCS 209 other medical verification must be very detailed or unemployability obvious e.g. Client currently in hospital.

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Department of Public Health and Human Services	**SECTION:** TIME LIMITED ASSISTANCE
TANF CASH ASSISTANCE	**SUBJECT:** Extended Benefit Procedures

Supersedes: TANF 801-3 (01/01/04)

References: ARM 37.78.102, .201 and .202; 45 CFR 264.1(c)

GENERAL RULE–Federal regulations allow states to extend benefits to no more than 20% of the average annual statewide caseload for households that include an adult who has received 60 or more months of assistance. Section 801-2 outlines Montana's policy regarding extended benefits. This section outlines the procedures required in order to comply with policy.

EXTENSION PROCEDURE ONGOING CASE	ACTION
TEAMS	1. When the 58th, or higher, month benefits are issued and a "TANF Cash Assistance Extension Notification/ Application Request" has **not** been sent by TEAMS or the case has been closed since the last time the letter was sent, TEAMS automatically sends the "TANF Cash Assistance Extension Notification/Application Request". TEAMS will check at monthly and daily issuance. If the Eligibility Case Manager is not able to authorize benefits, he/she must send HCS-178 ("TANF Cash Assistance Extension Notification/ Application Request") and document TEAMS case notes. An example of when this might occur is when a new member moves into the household who has received 60 months of assistance in another household or when out of state months are confirmed 58 or more at application and the Eligibility Case Manager wants to notify the household prior to issuance.
➤	**NOTE:** To determine if TEAMS has issued a notification letter review the EXBN screen (enter EXBN in any "NEXT" field).

Participant 2. Request the HCS-175 "Application for the Extension of TANF Cash Assistance"

NOTE: Request can be either verbal or in writing and must be documented in TEAMS case notes.

Eligibility Case Manager 3. Send the HCS-175, HCS-176 "Illness/Incapacity Determination for Extended TANF Cash Assistance", **and** a list of local individuals who could help the participant complete the application packet. One set of forms should be sent for each household member who has an 'A' or 'I' adult/child indicator and a participation code of 'IN', 'DQ' or 'DP' on AF SEPA.

➤ **NOTE:** While the HCS-176 should be sent out it is not a required form in the application process.

A list of local individuals who can help the participant is needed. If no local individuals are available in the county, the WoRC or Eligibility Case Manager must provide neutral guidance to the applicant(s).

Guidance is assisting applicants in understanding the forms, explaining the types of verifications that are necessary, and the steps needed to get the verifications. Guidance does not include completing the forms for the household or telling them what to write.

Participant 4. Complete the extension application and obtain verifications.

One possible verification is the HCS-209. The participant can sign the release of information on the top of the form and the Eligibility Case Manager could send it along with the cover letter to medical providers for further verification.

TEAMS 5. If benefits for the 61st month have not been **authorized** by the 15th day of the 60th month, TEAMS automatically closes the case (entering the 'TLE' closure code) and sends TEAMS notice A617 "TANF -Auto Close Time Limits" the

night of the 15th. The Eligibility Case Manager documents the closure in TEAMS case notes.

When the extension application (HCS-175) is received before the effective date of closure, an application is registered on TEAMS either using the quick registration process or using APMA. Even though a new HCS-250 is not required, the case cannot be reverted to open.

NOTE: If an extension application is denied by the central office committee, the Eligibility Case Manager must send notice A204 "Denial Extension" even if the household was notified of closure by notice A617.

When the HCS-175 is received after the effective date of closure, a new HCS-250 is required and, if eligible, extended benefits will be issued from the date the HCS-250 was received.

Participant

6. Return completed extension application and verifications.

NOTE: If a HCS-175 is received without any verification, the verification must be requested using TEAMS notice X009 "Request for General Info". The notice must list specific verification that is needed. The Eligibility Case Manager should also offer assistance in gathering the verification.

➤Eligibility Case Manager

7. If TEAMS has automatically closed the case, register an application for extended benefits on TEAMS using either quick registration or APMA.

If the effective date of closure **has not passed**, the application date is the date the HCS-175 was received in the office and the start date of benefits is the 1st day of the 61st month.

If the effective date of closure **has passed**, the application date and start date of benefits is the date the HCS-250 was received in the office.

➤ 8. Refer the applicant or participant to the WoRC program to negotiate a WoRC Employability Plan (EP) while the application is pending.

➤ 9. If **no verification** is provided after being requested in TEAMS notice X009, deny the extension application at the end of the 45-day processing period using TEAMS notice A204 "Denial -Extension". Deny/close the case using the 'TLE' denial/closure code. The application must be sent to central office even if it is being denied for failing to turn in any verification. If **some verifications** are received, continue.

➤ **NOTE:** The HCS-176 is considered verification so if it is submitted the application packet must be sent to Central Office along with the HCS-177.

➤**Eligibility and WoRC Case Manager** 10. Review application and verifications provided by the participant. The Eligibility Case Manager sends TEAMS notice X009 to request any additional necessary verification. An application for extended benefits should be processed within 45-days from the date the HCS-175 is received.

11. Whether or not **all** verification has been received, proceed with the steps below. (Reminder: If the X009 was sent and verification has not yet been received when the 45-day processing time expires, wait the 10-days allowed in the request notice before proceeding.)

➤**WoRC Case Manager**

a. Complete the upper portion of the HCS-177 ("TANF Cash Assistance Extended Benefits Referral") recommending approval or denial along with an explanation supporting the recommendation. If additional room is needed for explanation, continue on a separate sheet of paper. Give all information and documentation to the Eligibility Case Manager.

➤**Eligibility Case**

b. Place the yellow copy of the HCS-175, HCS-176 (if

Manager

provided) and copies of all verifications in the case file. The pink copy of the HCS-175 is given to the participant.

c. Attach the white copies of the HCS-175, the HCS-176 form (if provided), all verifications, and supporting case notes to the HCS-177 referral form and give to the County Director.

County Director/ Designee

12. Complete the County Director portion of the HCS-177. Explain why you think the extension should be approved or denied. If additional room is needed for explanation, continue on a separate sheet of paper.

13. Give the pink copy of the HCS-177 to the Eligibility Case Manager to place in the case file.

14. Forward entire packet, including both the white and yellow copy of the HCS-177, to:

Carol Carpenter
P O Box 202952
Helena, MT 59620-2952

NOTE: To ensure the application is processed within 45 calendar days, the completed application and all verification should be forwarded to central office within **30 calendar days** from the application date.

Central Office

15. Convene committee to review application request and either approve or deny. Obtain expert opinions when necessary.

16. Complete the application disposition portion of the HCS-177. If additional room is needed for explanation, continue on a separate sheet of paper.

➤ 17. E-mail the County Director, Eligibility Case Manager and WoRC Case Manager a copy of the central office's approval or denial letter and return the yellow copy of the

HCS-177 to County Office within **5 calendar days** of receipt.

NOTE: If central office will exceed the 5-day limit, an e-mail will be sent to the Eligibility and WoRC Case Managers and the County Director.

18. Maintain a file with the original extension request documents.

Eligibility Case Manager

19. If extension is **approved**:

a. enter the appropriate extension reason code on the TANF Extended Benefits (TAEB) screen;

b. enter the re-evaluation date on TAEB;

NOTE: The Central Office review committee will designate the re-evaluation date based on the facts in the case. The date will be listed on the HCS-177.

➤ c. approve benefits on the EXPD screen;

➤ **NOTE:** Benefits cannot be approved until the WoRC EP has been negotiated.

d. send TEAMS approval notice A125 "Appr. TANF Cash Extension"; and

e document TEAMS case notes.

20. If extension is **denied**, send TEAMS notice A204 "Denial - Extension". Deny/close the case using the 'CNM' denial/closure code. Document TEAMS case notes.

NOTE: If the case was auto-closed on the 15th with a 'TLE' closure code, the code cannot be updated. However, the A204 must be sent even if the closure notice A617 was sent.

EXTENSION PROCEDURE AT APPLICATION		ACTION
Eligibility Case Manager	1.	In instances that the month of application is the 58th month or higher, the Eligibility Case Manager must send HCS-178 and document TEAMS case notes.
Participant	2.	Request the HCS-175 "Application for the Extension of TANF Cash Assistance". **NOTE:** Request can be either verbal or in writing and must be documented in TEAMS case notes.
Eligibility Case Manager	3.	If the participant requests extended benefits, follow step **3** of the ongoing extension procedure listed earlier in this manual section. If the participant does not request extended benefits, deny the application 45-days after the HCS-250 is received using the 'TLE' denial code. Send TEAMS notice A205 "Deny TC no ext reason claimed".
Participant	4.	Follow steps **4 and 6** of the ongoing extension procedure listed earlier in this manual section.
Eligibility and WoRC Case Manager	5.	Follow steps **8 through 11** of the ongoing extension procedure listed earlier in this manual section.
County Director/ Designee	6.	Follow steps **12 through 14** of the ongoing extension procedure listed earlier in this manual section.
Central Office	7.	Follow steps **15 through 18** of the ongoing extension procedure listed earlier in this manual section.
Eligibility Case Manager	8.	Follow steps **19 through 20** of the ongoing extension procedure listed earlier in this manual section.

INFORMAL ONGOING	ACTION

EVALUATION PROCEDURE

➤**Eligibility and WoRC Case Manager**	1.	When household circumstances that affect the extension change, review the extension to determine if the extension reason is still appropriate. The HCS-181 "TANF Extended Benefits Re-evaluation Form" can be used as a tool to assist in this process but it is not required for an informal evaluation. All supporting verifications are updated as appropriate. The findings are case noted on TEAMS.
➤	a.	If the Eligibility Case Manager in conjunction with the WoRC Case Manager determines that the extension criterion is no longer being met, the case should be closed using the 'CNM' closure code. Send TEAMS notice A614 "Close, Extension Ended".
➤**WoRC Case Manager and County Director**	b.	If the circumstances are questionable or if continuation of the extension is uncertain, a new HCS-177 with the WoRC Case Manager and County Director explanation and documentation is sent to central office.
Eligibility Case Manager	c.	If the extension reason changes, the case should be closed with the 'CNM' closure code. TEAMS notice A614 must be sent explaining the current extension has ended and a new application (HCS-175 and required verifications) is necessary to determine if the household is eligible under a new criterion.

RE-EVALUATION PROCEDURE	**ACTION**	
TEAMS	1.	Households due for a formal extended benefit re-evaluation will be on the FIA-Renewal Report and a TEAMS alert will be generated. TEAMS will evaluate the TAEB and EXPD screens to identify those re-evaluation cases for which TANF extended benefits have not been authorized. If benefits for

the month following the re-eval. month have not been **authorized** by the 15th day of the re-evaluation month, TEAMS automatically closes the case and sends notice A618 "TANF Auto Close - Re-evaluation" the night of the 15th. The Eligibility Case Manager documents the closure in TEAMS case notes.

Eligibility Case Manager

2. Contact the WoRC Case Manager and County Director to determine a time to meet with the participant together. Send TEAMS notice A033 to the participant scheduling a re-evaluation appointment for that time.

NOTE: In the notice include a specific list of documents that need to be brought to the appointment (e.g., HCS-181, updated doctor's statement, etc.)

Mail the HCS-181 to the participant from the local office.

Participant

3. Complete the HCS-181 and bring it to the re-evaluation interview. (The HCS-181 is a mandatory form for re-evaluation.)

Eligibility Case Manager

4. The formal extended benefit re-evaluation interview:

a. re-refer the participant to the WoRC program;

b. request any additional information that was not submitted at the interview such as additional updated doctor's statements using the X-009;

➤WoRC Case Manager

c. complete the upper portion of a new HCS-177. If additional room is needed for explanation, continue on a separate sheet of paper;

d. print any case notes from the previous time period that support the recommendation; and

e. attach case notes and any other verification to the referral form and give to the county.

County Director/

5. Follow steps **12 through 14** of the ongoing extension

Designee

procedure listed earlier in this manual section.

Central Office

6. Follow steps **15 through 18** of the ongoing extension procedure.

Eligibility Case Manager

7. If continued extension is approved:

   a. enter new extension reason code(s) (if applicable);

      NOTE: If the extension reason has not changed, do not enter anything in the Extension Reason Code field.

   b. enter the date the re-evaluation was completed in the completion date field on TAEB;

   c. enter the new re-evaluation date on TAEB;

      NOTE: The Central Office review committee designates the re-evaluation date on the HCS-177.

   d. approve benefits on the EXPD screen;

➤ **NOTE:** Benefits cannot be approved until a current WoRC EP has been negotiated.

   e. send TEAMS approval notice A125 "Appr TANF Cash Extension"; and

   f. document TEAMS case notes.

8. If continued extension is denied, close case using the 'CNM' closure code and send TEAMS notice A614 "Close, Extension Ended".

➤ **NOTE:** If TEAMS auto-closes the case with an 'OBE' code and sent notice A618, the code cannot be changed but notice A204 must be sent.

TEAMS Screens

The following TEAMS screens are used exclusively for TANF cash assistance extension cases:

EXBC- Extended Benefits Case Summary
EXBP- Extended Benefits Person History
EXBN- Extended Benefit Notice
TAEB- TANF Extended Benefits

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Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: TIME LIMITED ASSISTANCE Subject: Incrementing MT Time Clock

Supersedes: TANF 802-1 (07/01/05)

References: 45 CFR 264.1; ARM 37.78.102; 38.78.202

GENERAL RULE-- Montana's TANF-60 clocks began incrementing February 1, 1997 for all ongoing and new Cash Assistance cases. Each adult, teen parent living independently, or minor parent, who is not eligible for an **exemption** or **exclusion**, will have their clock advance each month they receive TANF cash assistance.

There are two circumstances in which the **Montana** TANF timeclock will not increment. These are the **participating teen parent** exemption and the **Indian Country** exclusion. In addition to these two circumstances there are five categories of individuals who are also not subject to an individual time limit.

►PARTICIPANTS NOT SUBJECT TO TIME-LIMITS

The following participants are **NOT** subject to the individual time-limits imposed by federal and state regulation and rule. However, the individual will not be eligible if another required filing unit member has exhausted their 60-month time-limit. The only **exception** is when all adults in the filing unit qualify for TANF extended benefits. (See section 801-3 Extended Benefit Policy and Procedure.)

1. Minor children living with a caretaker relative, who are under age 18 or under age 19 and attending school full-time. TEAMS **Code: 'C'** in the Adult/Child field on the SEPA screen; FIA/EP--NO);

2. Minor children living with a caretaker relative who are age 16 through the month of his/her 18th birthday and are **not** attending school full-time, whether or not complying with his/her Family Investment Agreement/WoRC Employability Plan (FIA/EP). (TEAMS **Code: 'T'** in the Adult/Child field on the SEPA screen; FIA/EP--YES);

3. Teen parent (under age 18, unmarried) through the month of his/her 18th birthday who is not living independently **and** is attending school full-time. (TEAMS **Code: 'N'** in the Adult/Child field on the SEPA screen; FIA/EP--NO); (see section 200 for independent living policy);

4. Teen parent (under age 18, unmarried) through the month of his/her 18th birthday who is not living independently **and is not**

attending school full-time, as long as the teen parent is in compliance with his/her FIA/EP. (TEAMS **Code: 'F'** in the Adult/Child field on the SEPA screen; FIA/EP--YES);

5. Adults whose participation code on SEPA is either '**OU' or 'DQ'** for any reason other than a sanction. (TEAMS **Code: 'A' or 'I'** in the Adult/Child field on SEPA screen; FIA/EP-- NO). (Example- under current policy a person DQ for an IPV or failing to provide a birth cert. will not have their MT time clock increment.)

►SANCTIONS

Individuals who are sanctioned are considered to be receiving benefits and their clock will advance during the sanction month. During the period of a sanction penalty month the time clock:

- **will not increment** for those receiving a time clock **exclusion** (living in Indian Country).
- **will increment** for those receiving a time clock **exemption** (teen parents living independently and for minor parents). See policy guidance below **"Loss of Exemption"**.

►EXEMPTION

The **only exemption** from the timeclock is for a **teen parent** (under age 18, unmarried) **living independently** or **minor parent** (under age 18, married). Provided these individuals are in compliance with his/her Family Investment Agreement/WoRC Employability Plan (FIA/EP) activities, they will be exempt from the TANF timeclock through the month of their 18th birthday.

EXEMPTION TEAMS PROCESSING

On the SEPA screen enter '**I**' in the "adult/child" field and '**PTP**' in the "Exempt" code field. The Eligibility Case Manager must set an alert on ETAL for the month of the individual's 18th birthday and document action taken in TEAMS Case Notes (CANO).

END/LOSS OF EXEMPTION

The timeclock must increment the month following the 18th birthday and while the individual is sanctioned for non-compliance with FIA/EP activities. The **exemption code must be removed** from the **SEPA** screen to allow the participant's timeclock to increment (see section 702-3). When the sanction has been served, the exemption status must be re-evaluated and, if still applicable, re-entered on TEAMS to stop the timeclock from incrementing.

EXCLUSION

The **only exclusion** from the Montana TANF timeclock is for individuals (regardless of race) living in **Indian Country**. Indian Country is defined as within the geographical boundaries of a reservation that has an **unemployment rate** above a federally specified amount. Exclusion status is reviewed by tribal officials and reported to the Bureau of Indian Affairs (BIA) who in turn publishes this as their labor force statistics. If changes occur, the TEAMS information is adjusted accordingly.

When households live within the geographical boundaries of the following reservations they qualify for this exclusion: Blackfeet, Fort Peck, Fort Belknap, Rocky Boy's, Northern Cheyenne and Crow.

NOTE: Due to the Flathead Reservation's current unemployment rate, there is NOT a timeclock exclusion for participants living on the Flathead Reservation.

EXCLUSION TEAMS PROCESSING

The exclusion process on TEAMS is completed in three steps.

1. The family's place of residence must be determined and identified on TEAMS by entering a 'Y' or 'N' in the 'Resides on a Reservation' field on the ADDR screen.

   NOTE: As the 'resides on a reservation' field is also used for other programs, this step must be completed regardless of whether the reservation qualifies as 'Indian Country' for TANF.

2. If the case is coded 'Y' on ADDR, TEAMS will check the residential ZIP code against the Timeclock Exclusion Table (TCEX). The TCEX Table lists towns that have been identified as either excluded by regulation OR designated as the mailing address for those adults living within the excluded reservation boundary. For example, the towns of Nashua and Culbertson are not within the boundaries of the Fort Peck Reservation, but participants residing on the Reservation use these towns (zip codes) as a mailing address; therefore, the ZIP codes of these towns are included on the TCEX table.

3. TEAMS will automatically enter a 'Y' in the Excluded Reservation field on the EXPD screen when there is both a 'Y' for resides on a reservation and the zip code is matched on the TCEX table as one qualified as "Indian Country". An informational message will be displayed on EXPD to notify the Eligibility Case Manager of eligibility for this exclusion. The indicator can be changed any time prior to issuance or authorization.

The TCEX Table will be updated if any reservation either loses or gains exclusion status. To access the TCEX Table (inquiry only):

1. From the SYSE Menu select TAME;
2. From TAME, select TAM3;
3. From TAM3, select TCEX.

►MOVE TO EXCLUDED RESERVATION

If the participant moves to an excluded reservation after benefits have been authorized, the case must be de-authorized either before or after changing the address and entering a 'Y' in the 'Reside on Reservation' field on the ADDR screen and then authorized again to assure the exclusion is recorded correctly. Check the EXPD screen for the 'Y' indicator. If the 'Y' indicator on ADDR is manually changed to an "N' and the case is authorized, the indicator cannot be changed back to a 'Y' until the case is de-authorized. (See section **1512-1 Case Transfer**)

►PREVIOUS COUNTABLE TRIBAL TANF

When a household that was receiving Tribal TANF applies for **Montana** TANF Cash Assistance, the timeclock must be evaluated to determine if Tribal TANF months need to be added to the Montana TANF timeclock. Receipt of Tribal TANF by those living outside the geographical boundaries of the reservation, is treated as if TANF had been received in another state. **(See Section 803-1 Out-of-State TANF Requests** for guidance on completing verification requests forms.**)**

NOTE: Even though some Tribal TANF programs serve families that live both inside and outside the geographical boundaries of the reservation, the Indian Country timeclock exclusion only applies to those families that live on the reservation.

Please see section **103-7 Tribal TANF Plans** for guidance on the countable and excluded areas each Montana Tribal TANF program serves.

►TEAMS TRACKING

TEAMS will count the initial month's benefit as a full month even if the grant amount is pro-rated.

NOTE: When inquiring on past months, TEAMS reads current time clock counts for benefits that have been issued, not what the clock was for that past month.

The MT TANF MONTHS USED field, which shows the highest number of months used by any adult in the household, who is coded 'IN' or 'DQ' with a sanction reason code, is displayed on AF SEPA, EXPD, and CASU.

The MT TANF MONTHS USED field on a person level (for each individual), is displayed on RECI, TICI, TICU, and PEHI.

NOTE: None of the time clocks displayed on the above mentioned TEAMS screens, for either case or person, should be used to respond to out-of-state inquiries, as it is the State time clock displayed that may not match the Federal time clock.

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Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: TIME LIMITED ASSISTANCE Subject: TANF Months/Out-of-State Requests

Supersedes: TANF 803-1 (07/01/05)

References: ARM 37.78.102 and .201; 45 CFR 264.1

►

GENERAL RULE– Adult caretaker relative(s) and minor child(ren), may receive 60 months of cash assistance in the adult's lifetime, regardless of which state or tribe issued the benefit. If the applicant indicates he/she has received cash assistance from another state/tribe or the Eligibility Case Manager has reason to believe benefits were issued in another state/tribe after October 1, 1996, the other state(s)/tribe(s) must be contacted by Central Office Staff to determine the number of months TANF was received and which months are countable on the federal time clock.

Eligibility Case Managers notify Central Office using Out-Of-State Benefit Verification Request (HCS-100), to obtain this information. One HCS-100 must be completed for each adult with possible out-of-state months.

Do not delay, deny, or terminate benefits pending verification, unless there is reason to believe the client may have exhausted all benefits. Such situations would include when the client states they may have exhausted their federal TANF months or the client only had 6 months remaining on their clock and has been living out of state for longer than that.

►PRIORITY VERIFICATION REQUESTS

When there is reason to believe the client has exhausted or is within **two** months of exhausting their 60 month time limit, Central Office staff must be contacted as soon as possible. Please **e-mail Carol Carpenter** or call her at **406-444-9291** and provide case name, case number and what states need to be contacted.

When it is believed a client might be within **twelve** months of exhausting their 60 month limit, please indicate on the HCS-100 (Out-of-State TANF Benefit Verification Request) being sent to central office that it is a priority request.

►INVESTIGATIVE INTERVIEWING

During the intake interview the Eligibility Case Manager must inquire about all possible States a client may have received TANF. Workers should not assume the State they recently moved from is the only State they might have received TANF in. e.g. Family moved from CA and birth certificates show children were born in WA and AZ. Please ask the applicant if they might have received TANF in CA, WA and/or AZ.

► The WoRC Case Manager also might discover additional States not previously reported. e.g. Client states while receiving TANF in Nevada they applied for SSI but we only inquired about Idaho TANF months. WoRC should notify OPA so they can request verif. of NV months.

►INTENTIONAL PROGRAM VIOLATION

Statements made during investigative interviewing should be documented in TEAMS case notes. If the applicant indicated he/she did not receive cash assistance from another state/tribe, but information is received proving otherwise, the Eligibility Case Manager must evaluate the situation for pursuit of an Intentional Program Violation (**Section 1501-1**).

►TEAMS DOCUMENTAION

All states contacted for confirmation of out of state months will be documented by central office in TEAMS case notes. The spans used out-of-state will be documented in case notes and the total used per state will be displayed on the TICI screen. To access the TICI, enter any character in the TICI field on RECI (upper right corner of screen).

REMINDER: The TICI and TICU screens only show the Montana time clock and should not be used to inform the client or other states about the countable months on the federal time clock.

HCS-100 PROCEDURE

Responsibility	ACTION
Eligibility Case Manager	1. If the receipt of cash assistance from another state/tribe is indicated on the application or discovered in the interview, complete the top portion of the HCS-100 **for each adult caretaker relative** in the household (coded 'A' or 'I' on SEPA). Keep the blue copy in the case file.
►	If TANF information is obtained when calling states to confirm case closure, the Eligibility Case Manager should still complete the HCS-100 (listing the information obtained from the other state and attaching any verification provided).Central Office will update TICU, enter case notes and incorporate data into statewide tracking. Once an HCS-100 has been completed for a particular state a new one does not have to be completed for that state unless the applicant has been back in that state since Montana case closure.

►County Office

2. On a weekly basis, send all forms (white, yellow and pink) to Central Office, Attn. **Carol Carpenter, P. O. Box 202925, Helena, MT 59620-2925.**

►Central Office

3. Process the request within thirty (30) days. Complete the middle section of the request form. Sign and date the form. Enter TEAMS case notes, Update Montana TANF time clock months on TICU. E-mail the County Director, OPA Case Manager and WoRC Case Manager if a household is now at-risk or another immediate action is needed. Return the white and pink copies to the appropriate county office. Keep the yellow copy for statewide tracking.

►Eligibility Case Manager

4. Provide the HCS-100 to the client and request their signature. Regardless of if the client signs the form, the pink copy should be given to them. Retain the original (white copy) in the case file as a permanent document.

5. Document client's response and worker's actions in TEAMS case notes (CANO).
   - Send adequate notice of time limit closure, if appropriate.
   - Send HCS-178 (Extension notification/Application request), if 58 or more months of assistance have been used.
   - Contact County Director to schedule an at-risk interview, if 48 or more months of assistance have been used.

ASSISTANCE RECEIVED IN TWO STATES FOR THE SAME MONTH

Complete Form HCS-100, "Out-Of-State TANF Benefit Verification Request" and submit to Carol Carpenter, Central Office. Write a note on the HCS-100 that benefits were received in the other state and Montana in the same month. The duplicative months will not be entered for the other state.

►INQUIRIES ABOUT MT'S CLOCK

All inquiries from other States about the number of months a participant has received Montana TANF cash assistance must be referred to **Carol Carpenter in Central Office. Her phone number is (406) 444-9291.**

All of Montana's TANF case assistance is federally funded. However, Montana has two time clocks. Therefore all out of state inquiries must be routed through central office for confirmation of countable federal time clock months.

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Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: TIME LIMITED ASSISTANCE Subject: Retroactive Time Clock Adjustments

Supersedes: **NEW to the manual**

References: ARM 37.78.102 and .201; 45 CFR 264.1

► GENERAL RULE– An HCS-200 (Retroactive Time Clock Alteration Request Form) must be completed if an individual's time clock needs to be decreased, deleted or corrected (months added). A retroactive adjustment to the Montana TANF time clock may be made for benefit months in which one or more of the following circumstances existed:

EXCLUSION:

1. The participant qualified for the Indian Country exclusion but the 'Y' indicator was not entered on ADDR prior to issuance; or

2. The participant's exclusion status ended and the 'Y' indicator was not removed prior to issuance.

EXEMPTION:

1. The teen parent qualified for the 'PTP' exemption but it was not coded on TEAMS; or

2. The participant's exemption status ended and the 'PTP' code was not removed prior to issuance.

ASSISTANCE FROM OTHER STATES: Months previously recorded on an out-of-state record must be reduced.

FAIR HEARINGS: The participant is successful in disputing the number of months of cash assistance received in Montana through the Fair Hearing process (includes the Administrative Review).

ADJUSTMENT PROCEDURE

Responsibility	ACTION
Eligibility Case Manager	1. Complete the FA-200 and submit to the County Director/Supervisor for approval/denial. Document TEAMS Case Notes (CANO).
	2. Notify the participant of the action taken.

County Director/ Supervisor:	3.	Review the request to confirm the circumstances existed, all documentation is in the case file, and TEAMS Case Notes (CANO) have been entered.
	4.	Submit the white and yellow copies of the form to Central Office Attn: **Carol Carpenter,** Public Assistance Bureau; retain the pink copy in the case file.
Central Office Staff:	5.	Review the case file and take the appropriate action to change or delete the TEAMS clock record.
	6.	Complete the Central Office section of the HCS-200; send the white copy to the originating county.
	7.	Document action taken in TEAMS Case Notes (CANO).

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Department of Public Health and Human Services	Section: ELIGIBILITY AND BENEFITS
TANF CASH ASSISTANCE	Subject: TANF Child Care Assistance/Working Caretaker Relative Child Care

Supersedes: TANF 901-1 (07/01/05); TB-36 (7/9/07)

References: 45 CFR Part 98; P. L. 104-193; ARM 37.78.102; ARM 37.80.201, .202

► GENERAL RULE --TANF Block Grant Child Care (BGCC) is available to eligible TANF cash assistance participants engaged in approved Family Investment Agreement/WoRC Employability Plan (FIA/EP) activities with a demonstrated need for childcare. Each family receiving TANF Block Grant Child Care assistance is required to pay a $10 per month co-payment. Failure to pay the $10 per month co-payment will result in loss of child care assistance.

► **NOTE:** When determining eligibility for TANF cash assistance, the amount of anticipated child care expenses, which will be paid by the household, is considered an earned income disregard (TANF 602-1).

►CHILDCARE FOR ALLOWABLE WORK ACTIVITIES (FIA/EP)

If the participant needs child care assistance in order to comply with the allowable work activities negotiated on the Family Investment Agreement/Employability Plan (FIA/EP), the cost is paid by the State, with the exception of the co-payment. The children must be in the assistance unit (Code 'IN' on SEPA).

► Child care assistance will also be provided for minor children not included in the assistance unit if the caretaker relative needs child care in order to comply with allowable work activities. This would include those children receiving Supplemental Security Income (SSI), Title IV-E Foster Care, or not included in the assistance unit for failing an eligibility requirement (TEAMS Participation Codes: 'SC', 'DQ', or 'OU').

EXAMPLE #1: A family consists of a mother, father, their two minor children and a blood-related minor who is not within the fifth degree of kinship (Section 305-1) and thus fails eligibility (Part Code: 'DQ'). Child care is needed for the minor child not included in the assistance unit in order for the mother and father to comply with their FIA/EP activities; their eligible children do not need child care. A referral will be made to the local Resource & Referral agency for child care assistance.

EXAMPLE #2: A family consists of father, his oldest child and his youngest child who is staying with him for a month in the summer. The youngest child cannot be added to the assistance unit. Child care is needed for this child in order for father to comply with his FIA/EP

activities. A referral will be made to the local R & R for child care assistance.

►CHILD CARE HIGH SCHOOL/ GED

Child care assistance for attendance hours at a secondary school will also be provided, if needed, for teen parents living with a specified caretaker relative. For example, a teen parent lives with her father and attends secondary school. Because she is attending **full-time** high school or **full-time** Graduate Equivalency Diploma (GED) classes, she is not required to have a FIA/EP. However, she needs childcare to continue attending school; therefore child care assistance will be provided.

►CHILD CARE PRIOR TO TANF APPROVAL

If an applicant for TANF cash assistance has not been approved for TANF at the time of negotiation of the Employability Plan (EP), but is in need of child care in order to begin participating in the negotiated activities, an immediate referral for TANF child care assistance should be made to the Resource and Referral (R&R) agency. Child care assistance can be approved for up to 30 days.

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NOTE: If the applicant is later denied TANF cash assistance, they will not incur an overpayment for the child care services.

►REFERRAL PROCESS

The following process should be followed when making a referral for TANF related child care:

1. Identify whether or not the individual will require child care assistance in order to complete the negotiated work activities;

2. Determine the number of hours of child care needed, based on the negotiated activities;

3. Complete the HCS-051 "WoRC Referral to Child Care Resource and Referral Agency" form, specifying the number of hours of child care needed, and submit it to the appropriate R&R;

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NOTE: If the participant uses more child care than is authorized, they will be responsible to pay the overage to their provider.

4. Inform the participant they are responsible to pay the $10 co-payment directly to their child care provider; and

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NOTE: Failure to pay the $10 co-payment will result in the loss of TANF child care assistance.

5. Enter a TEAMS case note indicating the need for child care and hours authorized.

► **NOTE:** If a participant indicates they do not need child care assistance in order to participate in allowable work activities, this must be case noted in TEAMS.

►WORKING CARETAKER RELATIVE CHILD CARE PROGRAM

The 2007 Montana Legislative session allocated funding for the Working Caretaker Relative Child Care program. This program is designed to assist specified caretaker relatives who are receiving child only TANF grants with child care costs associated with the minor child(ren) for whom they are receiving TANF cash assistance.

In order to qualify for the program, the specified caretaker relative must:

1. Be receiving child only TANF for a minor child or children;

2. Be employed a minimum of 60 hours per month (120 hours per month in a 2-parent household); and

3. Pay a monthly $10 co-payment to the child care provider.

NOTE: Failure to pay the monthly $10 co-payment will result in the loss of TANF child care assistance.

►REFERRAL PROCESS

When a specified caretaker relative applies for a child only TANF cash assistance grant, the OPA Eligibility Case Manager will need to determine whether or not the caretaker relative is eligible for the Working Caretaker Relative Program, based on the above criteria.

If the household is eligible, the OPA Eligibility Case Manager will complete an HCS-052 "Working Caretaker Relative Child Care Program" referral form and submit it electronically via email to the specific contact listed for the R&R agency. (See list on page)

The OPA Eligibility Case Manager must also provide an HCS/CC—150 "Working Caretaker Relative Child Care" packet to the specified caretaker relative. This packet includes:

1. Best Beginnings Child Care Scholarship application for Working Caretaker Relative Participants;

2. Employment verification form; and

3. Information outlining the steps the specified caretaker relative must

take in order to be determined eligible for this program.

The OPA Eligibility Case Manager must inform the specified caretaker relative that the completed forms must be submitted to the R&R within 30 days.

NOTE: An initial supply of the HCS/CC—150 packets were distributed to each OPA office. If more packets are needed, please contact Del Bock at Central office.

►START DATE OF BENEFITS

Child care benefits under the Working Caretaker Relative Child Care Program may begin the date the HCS-052 electronic referral form is received by the R&R. The referral date should be the date of application for child only TANF; provided the specified caretaker relative met the eligibility criteria at the time of application.

NOTE: The electronic referral to the R&R should not be delayed until the eligibility determination is made.

►CHANGES IN STATUS

The OPA Eligibility Case Manager should notify the R&R of any change in status in the child only TANF cash assistance, for individuals who have been referred for services under the Working Caretaker Relative Child Care program.

For instance, if the child only TANF cash assistance closes the OPA Eligibility Case Manager must notify the specific contact at the R&R as soon as possible. If the case is later reverted to open, the OPA Eligibility Case Manager must notify the specific contact at the R&R as soon as possible in order for the Working Caretaker Relative Child Care to continue.

►REDETER-MINATION

Eligibility for the Working Caretaker Relative Child Care program must be re-evaluated during the annual redetermination of TANF eligibility. If the household remains eligible, a new HCS-052 referral form must be submitted electronically to the specific contact at the R&R. If the household is not eligible, the OPA Eligibility Case Manager must notify the R&R as soon as possible of the change in eligibility.

For complete childcare assistance policy and procedure, refer to the Child Care Policy Manual, Section 3.1 (TANF) and Section 3.2 (Tribal TANF).

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Department of Public Health and Human Services	Section: OTHER PROGRAMS
TANF CASH ASSISTANCE	Subject: Refugee Cash Assistance

Supersedes: FAIM 1001-1 (09/01/98)

▸References: 45 CFR 400.60 through 400.64, 400.100; ARM 37.74.101, .102

GENERAL RULE-- The Refugee Cash Assistance (RCA) Program is available to needy refugees during an eight (8) month period beginning with the month of date of entry to the United States. RCA is 100 percent federally funded for this eight (8) month period. At the end of this period, eligibility ends.

The RCA Program provides cash payments to refugees who:

1. are ineligible for SSI, TANF or other cash assistance programs;
2. meet the resource limitation and income standards of TANF Cash Assistance(Sections 001 and 401-1)
3. meet immigration status and identification requirements (Section 301-1)
4. provide the name of the resettlement agency which resettled them; and
5. are not full-time students in institutions of higher education.

ELIGIBILITY DETERMINATION

Eligibility is determined for RCA using TANF program policy and procedures with the exception of the income disregards.

Applicants and participants receive only a $90 work expense disregard and the $200 dependent care disregard. They do not receive any other income disregards.

Participants of RCA are required to report changes in their circumstances as soon as possible but within ten (10) days of their knowledge of the change.

▸JOB SEARCH

All employable RCA participants are referred to the same local employment services and community resources that any citizen would have available to them.

Inability to communicate in English does not exempt a refugee from registration for employment services, participation in employability service programs, carrying out job search, or acceptance of appropriate offers of employment.

JOB SEARCH EXEMPTIONS

The following individuals are not referred for participation in job search services if they are:

1. Under age 16;

2. Under age 18 and a full-time high school student or in the equivalent level of vocational or technical training expected to be completed before reaching age 19;

3. Incapacitated, ill, or injured and thus unable to participate either temporarily or permanently in employment or training. A physician or designee must verify this information;

4. 65 years of age or older;

5. Caring for another member of the household which requires, as determined by a physician or designee, care in the home on a substantially continuous basis and no other family member of the household is available to provide such care;

6. A parent of other caretaker relative of a child under age 3 who personally provides full-time care of the child with only brief and infrequent absences from the child;

   NOTE: Only one parent or other relative in a case may use this exemption.

7. Working at least 30 hours a week in unsubsidized employment expected to last a minimum of 30 days; or

   NOTE: This exemption continues to apply if there is a temporary break in full-time employment expected to last no longer than 10 days.

8. Pregnant, verified by licensed physician or designee, with the child expected to be born within the next 6 months.

VOLUNTARY PARTICIPANT

A participant of RCA who is exempt from registration for employment may volunteer to participate in the program

JOB SEARCH REQUIREMENTS

Individuals who are referred for employment services are required to:

1. Register with the appropriate refugee employment agency in their area within five (5) days of referral,

2. Participate in the employability plan developed by the refugee employment provider;

3. Go to job interviews as arranged,

4. Accept at any time from any source an offer of appropriate employment; and

5. The participant may not, without good cause, voluntarily quit employment or fail or refuse to meet any of the job search requirements; and

6. Participate in job search activities as agreed upon between the individual and the refugee employment provider.

GOOD CAUSE

Good cause may exist for the individual's refusal to participate in employability services, accept employment, or voluntarily quit a job. The following criteria are used to establish good cause.

1. The assignments were not within the scope of the individual's employability plan.

2. The individual does not have the capabilities to perform the task on a regular basis. If claim is based on physical or mental impairment, verification by a physician or designee must be submitted.

3. The total daily commuting time normally exceeded two (2) hours, not including transporting of a child to and from a childcare facility.

4. Suitable childcare is not available.

5. Working conditions are poor. Risks to health and safety exist.

6. Assignments are discriminatory in terms of age, sex, race, creed, color, or national origin.

7. Wages offered are less than the State minimum wage or the daily hours of work exceed those customary to the occupation.

8. The job offered is vacant due to a strike, lockout, or other bona fide labor dispute or is in conflict with the conditions of existing union membership.

FAILURE TO COMPLY

MANDATORY PARTICIPANT: If the individual is a mandatory participant and fails or refuses, without good cause, to meet the employment requirements or has voluntarily quit a job, assistance for the individual terminates. The refugee employment provider will immediately notify the county office of the participant's failure to comply.
The individual's needs are removed from the payment. TEAMS Part Code: 'DQ'.

VOLUNTARY PARTICIPANT: If the individual is a voluntary participant and fails or refuses to participate, the county office may remove him/her from the employment program for up to 90 days from the date of determination of noncompliance. The individual's cash assistance is not affected. This action must be documented in CASE NOTES (CANO).

CONCILIATION

A conciliation period prior to the imposition of the disqualification must be provided by the county in accordance with the following time limitations:

1. It shall begin as soon as possible, but no later than 10 days following the date of failure or refusal to participate,

2. It may continue for a period not to exceed 30 days, and

3. Either the county or the participant may terminate this period sooner when either believes that the dispute cannot be resolved by conciliation.

DISQUALIFICATION/SANCTION

The county will take action within seven (7) days of receiving notice from the refugee employment provider that noncompliance has occurred as follows:

1. If the assistance unit includes other individuals, the non-complying individual's needs are not included in the payment. If the non-complying individual is a caretaker relative, assistance is provided to the rest of the unit in the form of protective or vendor payments.

2. If such individual is the only individual in the assistance unit, the grant is terminated.

3. Notify the refugee's sponsor or resettlement agency of the action taken.

4. If the refugee accepts employment or training within the thirty (30) day period after refusal, continue assistance without interruption.

5. If the refugee does not accept training within the thirty (30) day conciliation period, he/she is ineligible for:

   a) Three (3) payment months for the first occurrence, and
   b) Six (6) payment months for any subsequent occurrences.

ADVERSE ACTION NOTICE

In cases of proposed action to terminate or reduce assistance, timely and adequate notice is required, following the same procedure as that used for all other program (Section 1503-1).

MEDICAL ASSISTANCE

All recipients of refugee cash assistance are eligible for refugee medical assistance. Refer to Section 1002-1 for policy and procedure.

CASE PROCESSING

The case cannot be worked on TEAMS. Use the following as a guide to manually determine eligibility and benefit payment.

1. Determine the individual(s) are not eligible for TANF cash assistance

2. Verify immigration status; note Date of Entry and set an ALERT to terminate assistance the end of the eighth month from the Date of Entry;

3. Obtain the name of the resettlement agency, which assisted the refugee(s) enter the United States;

4. Verify the individual(s) is not a full-time student in an institution of higher education;

5. Evaluate the individual(s)'s resources using TANF guidelines (Sections 401-1, 402-1, 403-1, 404-1, and 405-1);

6. Evaluate the individual's income (Sections 501-1, 501-2, 502-1, 502-2, 503-1, and 504-1) and manually calculate the payment amount using Form DPHHS-FA-318, "Refugee Cash Assistance Budget Computation Worksheet"; and

7. Authorize the warrant to the participant by requesting (via Outlook) Susan Meyer, Fiscal Bureau, Central Office to process a transfer warrant claim for Refugee Cash Assistance listing the following information:

   a. Client name (payee), INS card (I-151 or I-551) identification number, address, and County Name and Number;

   b. A statement identifying the payment as Refugee Cash Assistance; and

   c. The name of the person authorizing the payment.

NOTE: Fiscal Bureau will process and issue the warrant the next working day. Allowing two days for mailing, the participant should receive the payment within three (3) days from the date of the request.

It is very important to make specific Case Notes indicating the steps taken to determine eligibility and benefit payment.

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Department of Public Health and Human Services	**SECTION:** OTHER PROGRAMS
TANF CASH ASSISTANCE	**SUBJECT:** Refugee Medical Assistance

Supersedes: FAIM 1002-1 (09/01/98)

References: 45 CFR 400.90 through 400.107; 42 CFR 435.831; ARM 37.78.102 and 37.74.103

GENERAL RULE – A refugee may be eligible for Refugee Medical Assistance (RMA) during the 8 month period beginning with the first month the refugee entered the United States and are eligible for Refugee Cash Assistance (Section 1001-1).

ELIGIBILITY REQUIREMENTS

Eligibility for RMA is limited to those refugees who -

1. Are ineligible for Medicaid but meet the financial eligibility standards of the Medically Needy Program;

   NOTE: To determine the assistance unit's incurment amount, follow the procedure outlined in the Family Medicaid Policy Manual.

2. Meet immigration status and identification requirements or are the dependent children of, and part of the same filing unit as, individuals who meet the eligibility requirements (Section 301-1).

➤ 3. Are eligible for Refugee Cash Assistance **or** have not applied for, been denied, or terminated from Refugee Cash Assistance;

4. Provide the name of the resettlement agency which resettled them; and

5. Are not full-time students in institutions of higher education (college or university) except where such enrollment is approved by the State or designee as part of an individual employability plan.

EXTENDED COVERAGE

If an RMA assistance unit becomes ineligible by reason of increased earnings, eligibility for medical assistance shall be extended four (4) months or until the unit reaches the end of the time-eligible period, (8 months from date of entry), whichever comes first.

At the end of the time eligible period, assistance terminates.

➤TEAMS PROCESSING

Eligible RMA recipients must be registered on TEAMS as 'MA' with the 'OT' subtype.

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Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: OTHER PROGRAMS Subject: Emergency Assistance

Supersedes: TANF 1101-1 (7-01-05)

References: ARM 37.78.102, .601 and .602

GENERAL RULE--Emergency Assistance (EA) provides financial assistance on behalf of families with children under age 21 when an unforeseen event has occurred which may cause the destitution of the child **or** a situation involving abuse or neglect of a child which has occurred or may occur in the immediate future.

For purposes of this policy, 'destitution' means: the child will go without a basic need such as shelter, basic utilities, food, basic clothing, etc.

NOTE: Situations involving **abuse or neglect** of a child must be identified by the Department's Children's Services Bureau workers or the Family Preservation contractor.

The purpose of the assistance is to provide immediate resolution of the emergency situation **or** prevent the child's removal from the home, expedite the return of the child to the home, or prevent the need for protective services for the child. Emergency Assistance is NOT available to pay for items or services a family has chosen not to pay with currently available means. **Receipt of EA is limited to only once in any period of twelve (12) consecutive months.**

NOTE: The EA must be reasonably expected to provide resolution of the emergency situation, not just delay the emergency. For example, EA cannot be used to pay rent if there is no future means to pay the expense.

Emergency Assistance may be provided in addition to but not as a substitute for basic needs assistance including, but not limited to, TANF cash assistance or BIA General Assistance. However, a family cannot be required to apply for any of the above programs before an eligibility determination can be made for EA. Some families may not need continuing assistance provided by the above programs; others may need ongoing help but also require immediate assistance with EA.

NOTE: The receipt of Emergency Assistance does NOT count as using any month of time-limited TANF cash assistance.

NOTE: For TANF recipients, EA is not to be used as a substitute for Supportive Services. Any need identified as necessary to meet employment or FIA/EP participation requirements, must access Supportive Services first, if at all possible.

EXAMPLE: TANF recipients Shawna and Sam applied for Emergency Assistance for help with rent and car repairs. Sam was injured in a vehicle accident eight weeks ago and has just now been released to go back to work. He has not received a check for two months so was unable to pay his $450.00 per month rent during that time. He brought with him a 3-day written eviction notice from the landlord, which demands payment of $900.00. He also brought in two estimates for $650.00 and $725.00 to repair his car so he can drive the five miles to town to work.

As a condition of approval of Emergency Assistance, Sam must talk to his WoRC case manager and request supportive services for the car repairs so he can maintain his employment. Supportive services are a prior resource and must be accessed first. Car repairs are an appropriate use of supportive services since Sam is employed, this is the family's only vehicle, and he needs to drive to work.

➤ As for the rent, Emergency Assistance would be approved for $900.00 for rent for the past two months since the family's situation meets policy guidelines and the home will be sustainable due to the family's ability to pay future rent with Sam's earnings.

If the household would be an appropriate referral for a Tribal TANF program, they are not eligible for Emergency Assistance and must apply with the tribe. See TANF 103-7.

UNFORESEEN EVENT

The first determination that must be made is what **unforeseen event** created the emergency situation. An unforeseen event is one which the adult(s) could not anticipate would occur and it was not under his/her control. Examples include but are not limited to:

Unforeseen event	Emergency Situation
Layoff due to downsizing.	Eviction notice due to nonpayment of rent.
Family's only car breaks down.	Needs transportation to work or will lose job.

Fleeing a family violence situation	Need a place to live.
A fire destroys a family's home.	Family needs shelter.

The unforeseen event and the emergency situation do not have to immediately follow each other. For example, the layoff could have occurred a couple of months ago and the family has been living on savings. The eviction notice came when savings were exhausted.

Emergency Assistance can be requested by the family in need **or** by an employee or agent of the Department.

APPLICATION PROCESS

If the **family** is requesting assistance, Form HCS-020, "Emergency Assistance Request" must be completed and submitted to the Office of Public Assistance (OPA).

If **Child and Family Services** is requesting the assistance on behalf of a child or family, the Division's (CFSD) Financial Specialist will review the HCS-020 and enter the information into the CAPS system so an interface with TEAMS will take place.

The HCS-20 is valid for 30 days from the application date. Changes to needed items/services may be made during this 30-day window.

EXAMPLE: A family applies for EA assistance for one month's rent on May 3. The household received an eviction notice because the father was laid off from his job and had not worked long enough to qualify for unemployment benefits. The father has a confirmed job offer that starts on May 10 and the family should be able to pay June rent. On May 30, the family requests additional assistance for June rent. The father's first paycheck received on May 26 only included pay for one week. A second payment can be issued to assist with June rent because the request is within 30 days of the original application.

DATE OF APPLICATION

The date of application (request) for hard services is the date the HCS-020 is received and date stamped (not hand written) in the OPA; **or** for soft services, the date the HCS-020 submitted to the CFSD Financial Specialist is signed by the applicant.

▸ELIGIBILITY DETERMINATION TIME LINE

Due to the emergent nature of the request, the eligibility determination should be completed within five (5) calendar days after receiving the application **and** all verification required to support the application. This time line also applies to referrals received from the

CFSD Financial Specialist to input the information after receipt of the verifications supporting the application.

ELIGIBILITY START DATE

If eligible, the first month of the twelve-month period is the month the application (HCS-020) is date-stamped **or** for soft services the month the signed application (HCS-020) is received by the CFSD Financial Specialist.

ELIGIBILITY REQUIREMENTS

There is no residency requirement. Emergency Assistance may be provided to transient and migrant worker families if the following eligibility criteria are met. The eligibility requirements are:

1. An emergency, child abuse or neglect exists as per the General Rule.

2. The child is under age 21 and living with a specified caretaker relative (Section 305-1). Or the child is under age 18 and has lived with a specified caretaker relative within the most recent 6 months prior to the month of the request, in a place of residence maintained by the relative as the child's home.

3. All family members are U.S. citizens or qualified aliens (Section 301-1).

4. The emergency did not arise because the child or the specified relative refused, without good cause, to accept or maintain employment or training for employment (Section 1509-1).

5. All other means available to meet the emergency need, including but not limited to all accessible liquid resources and any benefits or services for which the family is eligible have been exhausted.

   NOTE: Liquid resources are defined as cash or other financial holdings which are convertible to cash and include checking and savings accounts, stocks, bonds, mutual fund shares, promissory notes, deferred compensation funds, certificates of deposits, cash value of insurance policies, etc.

6. The household did not spend income or resources for items other than basic needs after the unforeseen event occurred. This is determined by adding net household income to liquid resources and subtracting expenses paid for basic needs (e.g., food, shelter, basic utilities, etc.)

NOTE: The amount of the family's food budget that can be allowed is the Food Stamp thrifty food plan for the household size minus any food stamps issued to the household for the month.

For example, a family requests EA assistance for utilities on April 25. The household received a shut-off notice because the father's hours at work were reduced in November and he had not worked long enough to qualify for partial unemployment benefits. The family's expenses exceeded household income for several months so the utility bills had not been paid. The family has no liquid resources.

Month	Net Income	Payments for basic needs
December	$1,500.00	$1,300.00
January	1,000.00	800.00
February	1,200.00	1,000.00
March	900.00	700.00
April	1,000.00	800.00

In addition to payments for basic needs, the family made a credit card payment of $200.00 per month.

The household is not eligible because they used readily available income that could have been used to pay the basic need of utility bills and instead chose to pay other bills.

7. A pregnant woman who has no children living with her is not eligible unless

   a. she is in the last trimester of her pregnancy; **and**

   b. the circumstances comply with the General Rule; **and**

   c. a CFSD protective services worker determines she is in need of emergency services.

EXCLUDED ITEMS/SERVICES

Emergency Assistance, whether "hard" or "soft" services **cannot** be used to pay for the following:

- Taxes, including but not limited to, personal and real property taxes
- Insurance premiums - auto, life, home
- Burials
- Reimbursements for expenses already paid or money loaned to the household to pay expenses
- Deposits (Rental/utility/cleaning/security)
- Legal fees/fines/penalties
- Purchase of a vehicle
- Late fees (rental/mortgage)

- Mortgage payments
- Bills for services already received, including medical bills, and bills more than 30 days past due, except the two most recent months of past due rent or utility bills as stated earlier in this section. The circumstances causing the eviction/shut off must comply with the General Rule.
- Travel expenses that would be payable by any other source, including but not limited to, Medicaid Travel, Supportive Services (Section 704-1), or BIA General Assistance.
- Emergency Assistance cannot be used to provide ongoing (daily, weekly, monthly) cash payments for basic maintenance items essential for day-to-day living such as food, shelter, clothing, personal care items.

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"HARD" SERVICES

Items/services authorized by the OPA must be directly related to overcoming the emergency caused by the "unforeseen" event.

NOTE: **If the total of the hard services requested is over $1,000, Central Office must approve the Emergency Assistance request**.

Hard services that may be provided are:

1. Basic needs such as food, clothing, shelter (rent or temporary lodging), utilities, or personal care items.

   The two (2) most recent months of rent and/or utility services may be paid if eviction and/or final utility shut-off is imminent and the circumstances causing the eviction/utility shut off comply with the General Rule. Or if the household is homeless due to an unforeseen circumstance, temporary lodging can be provided for up to 30 days, as long as the household is working toward obtaining their own shelter and availing themselves of all other community resources to accomplish this. Contact Susan Rutherford at Central Office if there is a specific case that needs to be discussed.

   For purposes of this policy, 'imminent' means 'likely to happen without delay as a result of unanticipated circumstances.'

   If rent and/or utilities are paid, the payment must result in the cancellation of the eviction notice and/or the shut-off notice. This outcome should be verified before the payment is authorized.

2. Temporary transportation such as a bus pass or taxi service or costs of necessary repairs of the vehicle owned by the applicant and is essential to retain employment. The household must obtain two (2) estimates for the cost of repairs prior to any repairs being completed. If two vendors are not available in the proximity of their location, an estimate from one will be accepted. (If the household receives TANF, supportive services are considered a prior resource).

3. Replacement or repair of necessary home appliances such as a refrigerator or heating/cooling equipment, owned by the applicant.

4. Replacement or repair of necessary household furnishings such as a bed and bedding.

5. Other items and/or services necessary to overcome the emergency situation.

NOTE: Medical services or related expenses are not covered by Emergency Assistance hard services.

DETERMINING THE AMOUNT OF HARD SERVICE ASSISTANCE

Emergency assistance will not necessarily cover the full amount of hard services requested. The amount of assistance provided is determined by adding the amount of current net income and liquid resources then subtracting money spent on basic living expenses (e.g., food, shelter, basic utilities, etc.). Assistance can only be provided for the amount of need in excess of available income.

NOTE: The amount of the family's food budget that can be allowed is the Food Stamp thrifty food plan for the household size minus any food stamps issued to the household for the month.

For example, car repair assistance requested so that mom can maintain her job. Estimated cost of repairs is $550.00. Household's net income for the month is $800.00 and liquid resources are $75.00. Basic expenses for the household total $650.00.
$800.00 + $75.00 = $875.00 - $650.00 = $225.00
$550.00 - $225.00 = $325.00 is the amount of assistance that could be approved.

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HARD SERVICES PROCEDURE
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Responsibility:	**ACTION**
Applicant:	1. Submit completed Form HCS-020 to the OPA. 2. Provide eligibility verification as requested.
►Eligibility Case Manager	3. Within five (5) calendar days from the **date of the receipt of all documentation necessary to support the application for EA**, complete the eligibility determination process. Access the CLPR screen for each household member to determine the family's prior use of EA.

a. If any family member has received EA within the prior 12 months, **the family is not eligible** and the application must be denied by using the following process:

Register the application on TEAMS (APMA or APRE). Complete screens ADDR, INDA, SEPA, SSDO, EPME, and RECI. NEXT to the EMERGENCY ASSISTANCE APPLICATION screen (EMAA).

On EMAA, select 'N' in the "Eligible for EM (Y/N) field', enter 'OBE' in the "Denial Reason" field. In the 'AUTHORIZE' field, a 'Y' must be entered to finalize the denial.

Send adequate notice. Document action taken in TEAMS case note (CANO).

b. If EA has not been received by any family member within the prior 12 months:

Evaluate the application. Approve or deny the request based on the information and verifications presented. If ineligible, complete denial process outlined above.

If eligible, on the EMERGENCY ASSISTANCE APPLICATION **(EMAA)** SCREEN, enter the appropriate code in the EXP TYP field and the dollar amount that is approved. Press Enter.

SH	**Shelter:**	**UT**	**Utilities**
TR	**Transportation:**	**FO**	**Food:**

OT **Other:** This code is used for payment of other items

and/or services necessary to overcome the emergency situation such as clothing, personal care items, replacement or repair of necessary home appliances or household furnishings.

ON EMAV enter the following mandatory fields:

Exception: Authorization of Soft Services (Expense Type - SO) will be completed on EMAV. However, because a vendor payment is not being processed, the vendor data fields on EMAV are not required.

a. VENDOR NAME
b. ADDRESS
c. CITY ST ZIP
d. PHONE NUMBER
e. INVOICE OR DATE OF SERVICE

f. **Complete only one of the two fields listed below:**

FEDERAL EMPLOYMENT IDENTIFICATION NUMBER (FEIN). If a Federal Tax ID number has been assigned to the employer/vendor, this number **must** be used and this field entered. If the employer/vendor does not have a Federal Tax ID number, leave this field blank.

or

SOCIAL SECURITY NUMBER (SSN) Complete this field if a Federal Tax ID has not been assigned. If you complete this field with a SSN, enter the name of the person to whom the SSN belongs.

Do not enter a SSN in the Federal Tax ID field. Do not enter a Federal Tax ID number in the SSN field.

Authorization: Authorization of emergency assistance must be completed separately for each expense type listed on EMAA. This ensures required vendor data specific to each expense type is complete prior to submission of the vendor payment referral to Fiscal Services Division (FSD).

SUPERVISORY AUTHORIZATION

Only the appropriate OPA Supervisor may authorize Emergency Assistance payments. The appropriate supervisor is the supervisor of the worker associated with the case or a supervisor within the same jurisdiction.

Example: If a T01301 worker (Beaverhead) is associated to a case and is supervised by a Silver Bow County supervisor (T47), any supervisor under the direction of Mark Beattie (T47101-Silver Bow County combination) will be allowed to authorize the payment.

Document action taken in TEAMS Case Notes (CANO).

NOTE: The case note must contain the following information:

a. a detailed description of the unforeseen event that was beyond the applicant's control;

b. the income available to the household in application month, expenses for basic needs paid in the application month, and the remaining income that can be applied to address the emergency (computations from the budget sheet);

c. community resources, relatives, churches, etc. contacted by the applicant to help with the emergency and the results of the contacts;

d. type of assistance approved, amounts, and for what months;

e. how the applicant will continue to meet this need in the following months.

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SOFT" SERVICES

"Soft" services are those services approved by CFSD workers or Family Preservation contractors directly related to overcoming the abuse and/or neglect, prevent the child's removal from the home, expedite the return of the child to the home, or prevent the need for protective services for the child. **Soft services do not require an unforeseen event.**

NOTE: An application for CFSD Soft Services should be registered on TEAMS with the child as the PI. Include all individuals in the case as indicated by CFSD on the CEAR screen. The address listed on RELI determines which county will process the application for soft services.

Emergency Assistance will **not** be opened under a Foster Care case number (County 72) since that program is administered in Helena and the county offices have no case file or documentation. Even if the child is currently open in Foster Care, we will **register the case with a new case number** with the child as the PI.

NOTE: An application referral made by CFSD will always be approved and authorized unless a household member has received Emergency Assistance within the previous 12 months.

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SOFT SERVICES PROCEDURE

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CFSD Financial Specialist

1. Check TEAMS for prior use of EA and verify relationship, marital status, SSN, and citizenship/alien status. Enter this information on CAPS. This information will interface with TEAMS and appear on, the RECI screen the following morning.

2. Send notice to the family informing them they have used EA and will not be able to access EA for twelve consecutive months beginning with the date of application. **(It is not necessary for the Eligibility Case Manager to send any notices regarding Soft Services.)**

Eligibility Case Manager

A designee in each office checks the RELI screen each morning for new referrals. (Next to RELI from SYSE).

EA referral information received through the CAPS interface will be displayed on the **Referral List (RELI)** screen for the appropriate **service county,** according to the County Number. The appropriate referral information for each household will be listed on the screen.

Example: CAPS EMERGENCY ASSISTANCE REFERRAL
CAPS Case Name: Cassie Anne Maxwell.

On RELI this will be the name of the child. **With very few exceptions, the child will be registered on TEAMS as the PI for the Emergency Assistance application.**

1. On **RELI,** select the referral by entering a character in the SEL field and press enter. The **CEAR** screen will appear.

Note: The application date is listed on the CEAR screen in the upper left-hand corner. It is not the date the referral appears on RELI.

2. Use the data displayed on CEAR to determine whether the EA application received from CAPS will be set up and authorized using an existing TEAMS case or authorized in a newly

established TEAMS case.

► 3. **On EMAA**, enter 'SO' as the EXP TYPE, the EM ID # from the CEAR screen and authorize. TEAMS will not accept the entry unless the six character field is filled. (i.e. EM followed by the four (4) digit number).

NOTE: The Eligibility Case Manager is not required to review the request or use of EA by the CFSD worker; only to enter the family information, approve and authorize on EMAA to assure TEAMS will track the 12-month period.

When an application which includes a payment type of SO is authorized on EMAV, the EM ID# will be required prior to authorization. Once the case has been reported to fiscal in the nightly batch, all data associated with the EM ID# will automatically be removed from CEAR.

Emergency Assistance payment processing will be completed electronically and Fiscal Services Division (FSD) will issue the payment.

TEAMS will create a system-generated case note for each authorized emergency assistance payment. Data for the case note will be retrieved from information entered on the EMAA and EMAV screens. The system-generated case note cannot be edited but may be amended.

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EXPEDITED ADMINISTRATIVE REVIEW PROCEDURE

Document action taken in TEAMS Case Notes (CANO).
An expedited administrative review for a denial can be provided only when specifically requested in writing by the applicant within five (5) working days from the date of denial.

ACTION

Applicant:

1. Complete the bottom portion of the back of the denial notice and submit the entire form to the County Office within five (5) working days from the date of denial. Include a written statement requesting an expedited administrative review.

County Designee

2. Upon receipt of a written request, conduct an administrative review within five (5) working days from the date the request is received in the county office.

   If an expedited administrative review is not requested as directed, process by standard fair hearing policy (Sections 1506).

3. If the issues are resolved, document the case file in TEAMS Case Notes (CANO). Do not forward any documents to the Fair Hearings Office.

4. If the issues are not resolved, immediately submit the written request and Fair Hearing notice to the Fair Hearings Office indicating the issues concern Emergency Assistance and that no resolution was reached.

SR

ΦΦΦ

Department of Public Health and Human Services	**SECTION:** OTHER PROGRAMS
TANF CASH ASSISTANCE	**SUBJECT:** Montana Children's Trust Fund Emergency Assistance

Supersedes: New to manual

References: ARM 37.78.601 and .602

GENERAL RULE--Montana Children's Trust Fund Emergency Assistance (EA) provides services on behalf of families with children under age 21, when an unforeseen event occurs that puts the child at risk. The purpose of the assistance is to provide immediate resolution of the unforeseen event or prevent the need for protective services for the child. Emergency Assistance is NOT available to pay for items or services a family has chosen not to pay with currently available means. **Receipt of EA is limited to only once in any period of twelve (12) consecutive months.**

Montana Children's Trust Fund Emergency Assistance is a pilot program in Dawson, Gallatin, Glacier, Missoula and Yellowstone Counties.

Emergency Assistance may be provided in addition to but not as a substitute for basic needs assistance including, but not limited to, TANF cash assistance, Tribal TANF Family Assistance and BIA General Assistance.

An **unforeseen event** is one which the applicant could not anticipate would occur and it was not under his/her control. Situations involving **children at risk** are identified by the Montana Children's Trust Fund or their contractor.

NOTE: The receipt of Emergency Assistance does NOT count as using any month of time-limited TANF cash assistance.

APPLICATION PROCESS

A request for Montana Children's Trust Fund Emergency Assistance is made by the family in need by completing the Children's Trust Fund Emergency Assistance Request and submitting it to the Montana Children's Trust Fund Contractor,

who will submit an E-mail copy of the application to the OPA County Director or their designee in the family's county of residence. The application is valid for 30 days from the date the application is signed by the applicant. Changes to needed items/services may be made during this 30-day window.

NOTE: An application for Montana Children's Trust Fund Emergency Assistance should be registered on TEAMS with the child as the PI. Include all related individuals in the case as indicated on the application.

DATE OF APPLICATION

The date of application (request) is the date the application for Montana Children's Trust Fund Emergency Assistance is signed by the applicant (this date may not be the same date the application is e-mailed to the OPA). The date of the signature will be typed on the e-mailed version of the application.

ELIGIBILITY DETERMINATION TIME LINE

Due to the emergency nature of the request, entering the information and authorizing payment on TEAMS should be completed within five (5) calendar days from the date the E-mail is received.

ELIGIBILITY START DATE

If eligible, the first month of the twelve-month period is the month the applicant has signed the Montana Children's Trust Fund Emergency Assistance application.

ELIGIBILITY REQUIREMENTS

There is no residency requirement. Emergency Assistance may be provided to transient and migrant worker families if the following eligibility criteria are met. Requests must be filed in the county of residence. The eligibility requirements are:

1. The child is at risk as per the General Rule.

2. The child is under age 21 and living with a specified caretaker relative (Section 305-1) or has lived with a specified caretaker relative within the most recent six (6) months prior to the month of the request, in a place of residence maintained by the relative as the child's home.

3. All family members are U.S. citizens or qualified aliens (Section 301-1).

4. The emergency did not arise because the child or the specified relative refused, without good cause, to accept employment or training for employment (Section 1509-1).

5. All other available means to meet the emergency need have been exhausted, including but not limited to all accessible liquid resources and any benefits or services for which the family is eligible.

NOTE: Liquid resources are defined as cash or other financial holdings which are convertible to cash and include checking and savings accounts, stocks, bonds, mutual fund shares, promissory notes, deferred compensation funds, certificates of deposits, cash value of insurance policies, etc.

TYPES OF ASSISTANCE

"SOFT" SERVICES: "Soft" services are those services authorized by Montana Children's Trust Fund contractors directly related to prevent the need for protective services for the child.

MONTANA CHILDREN'S TRUST FUND PROCEDURE (Soft Services)

Responsibility	**ACTION**
Montana Children's Trust Fund:	1. Verify relationship, marital status, SSN, and citizenship/alien status. Conduct an at-risk assessment and maintain a hard copy file. E-mail a copy of the application to the OPA County Director or designee in the applicant's county of residence.
	2. Send notice to the family. The notice must inform the family that they have used EA and will not be able to access EA for twelve (12) consecutive months beginning with the date of the application, or that the application has

been denied because the household has received EA in the previous 12 months.

Eligibility Case Manager:

3. Within five (5) calendar days of receipt of E-mail, determine if Emergency Assistance has been issued to any member of the household in the previous 12 months.

Access the CAP2 screen to determine the family's prior use of EA. If the family previously received EA, CAP2 will display 'EM' in the PGM field, the prior request date in the APP RECVD field, and the last day of that month in the STATUS DATE field; 'CL' will be displayed in the STS field.

If receipt was within 12 months, the family is not eligible.

a) The case must be registered on TEAMS (APMA or APRE, ADDR, INDA, SEPA, RECI and next to EMAA).

b) On EMAA, select 'N' in the "Eligible for EM (Y/N)" field'. Enter 'OBE' in the "Denial Reason" field. Press ENTER.

c) Send an E-mail to Sara Lipscomb at mcf@montana.com informing her that the household is not eligible because of prior receipt of Emergency Assistance. Sara will send a notice to the family.

If the family did NOT receive EA within the prior 12 months, proceed to #4.

4. Register the application on TEAMS (Screen flow: APMA or APRE, ADDR, INDA, SEPA, RECI, and Next to EMAA) using the date application was signed by the applicant as the App/Start Date.

5. On EMAA, approve ('Y'), authorize and enter $1 (one dollar) in the 'Assistance Amount' Field.

   NOTE: The Eligibility Case Manager is not required to review the request for EA; only to verify no receipt of EA in the prior 12 months and enter the family information, approve and authorize.

6. Send an E-mail to Sara Lipscomb at mcf@montana.com to inform her that EA has been authorized on TEAMS. Sara will send an approval notice.

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SECTION:	SUBJECT:
OTHER PROGRAMS	Montana Children's Trust Fund Emergency Assistance

STATE OF MONTANA
Department of Public Health and Human Services

CHILDREN'S TRUST FUND EMERGENCY ASSISTANCE REQUEST
INFORMATION TO REMAIN CONFIDENTIAL

SHADED AREAS ARE FOR INSTRUCTIONS AND AGENCY USE		
Name:		County:
Street Address:		Day time phone:
Mailing Address:		Message phone:
Do you live on an Indian Reservation?	Yes:	No:

The Department of Public Health and Human Services through the Montana Children's Trust Fund offers Emergency Assistance (EA) to families when an unforeseen event has occurred that places children at-risk and the family meets the requirements for previously authorized activities. An unforeseen event is one which the family could not anticipate would occur and it was not under their control.

If approved, the family cannot receive EA again for twelve (12) consecutive months.

Fill in all blanks for everyone who lives with you or has lived with you in the past six (6) months. List yourself first, then your spouse and children, including unborns, then other adults and children.

NAME (Last, First, Middle)	RELATIONSHIP TO YOU	DATE OF BIRTH	PLACE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	MARITAL STATUS	U.S. CITIZEN Yes/No
	SELF						

The information provided on this application is true and correct to the best of my knowledge. I understand and agree to provide documents to prove what is stated.

Signature of parent/guardian/representative:	Date:

AGENCY USE ONLY

Eligibility Checklist:

Yes	No	
		The emergency assistance is necessary to address an unforeseen event, which was not under the family's control.
		The child is under age 21.
		The family does not have liquid resources to meet needs.
		The child or caretaker relative has not refused employment or training without good cause.
		All family members are U.S. citizens or qualified aliens.
		The family has not received Emergency Assistance in the past twelve (12) months.

If all questions are answered "Yes", continue with determining the items/services needed and the amount of the payment; if not deny the request. Refer to the TANF Policy Manual 1102-1 for complete policy and procedure.

Worker Name:	TEAMS Case #
Signature:	Date:

Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: BENEFIT ISSUANCE Subject: Payment Methods

Supersedes: 1201-1 (07/01/05)

References: ARM 37.78.102; MCA 17-8-303 and 17-8-306

➤ GENERAL RULE –TANF participants can choose one of three different ways to receive their TANF cash assistance. These are summarized below for each payment method. Participants must be provided all information about the TANF payment options before they can make an informed selection.

➤PRESENTING PAYMENT OPTIONS TO PARTICIPANTS

Every TANF cash assistance household must sign off on the "TANF Cash Assistance Payment Selection Form" (HCS-180) each time they apply for benefits or change the method of payment. This form explains the options available to participants under the new EBT system, but does not answer every question, which is why the face-to-face interview and explanation are necessary.

SWITCHING PAYMENT METHODS

TANF participants can select a new payment method at any time. For example, a participant may have elected to continue receiving a check at initial EBT conversion, but after using the Montana Access card for food stamps, he or she may decide to use EBT for TANF cash assistance as well.

When the participant has selected a new payment method, the Eligibility Case Manager must update the TANF PMT METHOD field on EXPD screen.

WARRANT

Check Received in the Mail

Advantages:

Once participants cash their checks, they have access to all of their money.

Participants receive checks in the mail the first working day of the month after authorization and issuance.

Disadvantages:

Some participants have trouble finding a place to cash their check, or have to pay fees to cash the check.

DIRECT DEPOSIT **Participant's Bank Account**

Advantages:

The deposit is made into the participant's account on the first banking day of the month after authorization and issuance (eliminating the wait for the mail to arrive).

Many banks offer a no-fee, no-minimum-balance checking or savings account when a person is having money directly deposited into the account.

Once the benefit is deposited, participants could get their money by using a debit card, writing a check, or withdrawing money from the bank.

Disadvantages:

Some participants have credit problems and cannot open a checking or savings account.

Participants will not receive a confirmation of the deposit. If a participant writes checks without first confirming that a deposit was made, the participant could have overdrawn accounts and service charges if for some reason the benefits were not authorized.

Some participants have a garnishment orders against them and money deposited in an account may be garnished (for child support or debts). Public assistance cannot be garnished. However, the bank may not be able to tell if the deposit is public assistance or the funds in the account may be commingled with other money (e.g., wages). If the money were taken through garnishment, it would be the participant's responsibility to request the money back. This should be discussed with his/her bank.

EBT **Montana Access EBT Card**

All customer service for the EBT system, such as, requesting a replacement EBT card, selecting a Personal Identification Number (PIN) and account balance inquires is being handled through the Interactive Voice Response (IVR) system. **The toll free phone number is 1-866-850-1556.**

Advantages:

Benefits are available the first calendar day of the month after authorization and issuance, even on a weekend or holiday.

Participants can use their card to purchase items at most Food Stamp retailers.

Participants can access cash at ATM's.

Disadvantages:

Fees may be charged to the participant to access the ATM. Most charge a service fee between $1.00 and $2.00, but it could be even higher depending on the ATM.

While the Montana Access card does not impose a limit, many ATMs limit the amount of cash that can be withdrawn from the ATM each day.

Some retailers offer the option of receiving cash back with a purchase or withdrawing cash without a purchase. The retailers may limit the amount of cash they are willing to give out at a time, and may charge a fee to provide cash.

The OPA cannot have a list of retailers that give out money and cannot direct participants as to which retailer to use. It will be up to participants to obtain this information for themselves and to watch for the Montana Access Card logo.

If the participant gives his or her PIN number and card to another person, that person can access the cash. (For example: A boyfriend who is included in the food stamp assistance but not in TANF cash assistance could access the TANF cash using the same card and PIN used to access the food stamp benefits.)

The pin number can be changed by anyone with knowledge of the participant's name, social security number, date of birth and mailing address. If identity is stolen, the perpetrator can change the pin number and access the funds. However, by contacting the toll free number the participant can request to add a password in addition to the pin number, which would provide additional security.

REPLACEMENT OF EBT CARD

Montana has determined the cost of a replacement Montana Access EBT card to be $2.00. The participant's first card will be created and mailed for free upon approval of the application. Any replacements of

Montana Access EBT cards will be charged the $2.00 replacement fee, **regardless** of the circumstances.

The Montana Access EBT card is used to access food stamp, TANF Cash assistance and child support payments. When a participant requests a replacement card the EBT system will check to see what benefits/payments are currently available in the Montana Access account(s).

If the participant is receiving food stamp only benefits, the EBT system will deduct the $2.00 fee from the food stamp allotment. If the participant is receiving food stamps, TANF Cash assistance and/or child support payments, the system will first attempt to deduct the $2.00 fee from the food stamp allotment. If there is not a sufficient amount in the food stamp EBT account and the participant is receiving TANF Cash or child support payments, the system will deduct the $2.00 fee from TANF Cash first and child support second. If there is not a sufficient amount of funds in any account, the EBT system will issue the card and deduct the funds at the next benefit issuance.

Because participants are charged a $2.00 card replacement fee, it is important OPA Case Managers advise them of this policy. Participants should also be reminded at redetermination to keep their card in a safe place and never throw it away, **even if their case closes.** There are no exceptions for replacement card fees.

DIRECT DEPOSIT

If the participant selects direct deposit on the HCS-180 form, the household must complete the "Direct Bank Deposit Authorization Form" (HCS-179). This form explains that if a household changes banks they must give the Eligibility Case Manager four weeks' notice to make the change. This is because there is a 28-day "prenote" period between the time the direct deposit information is entered in TEAMS and the first direct deposit occurs. (A "prenote" is a test file that is sent to the bank to ensure the account information is valid.) Until the prenote date has passed, benefits are issued by check.

Households must attach a voided check (for a checking account) or a voided deposit slip (for a savings account) to the HCS-179. The form must be kept in the case file. Account information from the HCS-179 is entered on the DIDE screen. The routing number is always the lower left number on the check. The account number is in the middle on the bottom of the check and the check number is on the right.

What would happen if the prenote failed?

1. All failed prenote tests will be returned to Department of Administration (DOA).

2. DOA will contact DPHHS Fiscal.

3. Fiscal staff will contact the Eligibility Case Manager with this information.

4. The Eligibility Case Manager reviews TEAMS to make sure that the correct bank information was entered on DIDE. If the information entered on DIDE matches the information on the voided check, the Eligibility Case Manager contacts the participant to determine why the prenote failed.

5. Checks will be issued to the household until a successful prenote has been accomplished.

When a household has direct deposit and changes banks they will need to convert back to a warrant until 28 days after the prenote is sent to the new bank.

What would happen if the participant did not report that they have closed their bank account and a direct deposit is sent to a closed account?

1. All rejected or denied direct TANF direct deposits will be returned to Department of Administration (DOA).

2. DOA will contact DPHHS Fiscal.

3. Fiscal staff will send a replacement warrant and contact the Eligibility Case Manager with this information.

4. The Eligibility Case Manager will need to contact the participant to determine why the deposit failed.

Direct deposit is **not** allowed into a business checking account. It is also not allowed into a credit union account that has the Account Type code of 'CU' on the FIAC screen. If the household has a checking or savings account at a credit union, the Account Type code must be changed to 'PC' or 'SV' (as appropriate) on FIAC in order to enter direct deposit information. This is required because an account must be identified specifically as a checking or savings account for direct deposit. (Use the "Bank/Credit Union" name field to reflect this is a credit union).

Monthly deposits will be made to the participant's account on the first banking day of the month. For daily issuance, benefits will be available by the third banking day after the benefits were authorized in TEAMS. (This assumes the 28-day prenote period has already passed.)

WARRANT NUMBER ON EXIH FOR TANF BENEFITS

The warrant number prefix on EXIH (in WARRANT NUMBER field) will identify how a payment was made.

The codes are as follows:

TD indicates payment was made by direct deposit;

TE indicates benefits were issued using the Montana Access EBT card;

TF indicates payment was made by check;

SB indicates that the check request has been sent to SABHRS; the check number and TF code should appear within 1 day; and

AF indicates payment was made by check (for benefit months prior to February 2001).

SR

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Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: BENEFIT ISSUANCE Subject: Replacement Warrants

Supersedes: TANF 1202-1 (01/01/06)

References: ARM 37.78.101 and .102; MCA 17-8-303 and 17-8-306

GENERAL RULE--TANF cash assistance warrants may be replaced when the warrant was:

1. lost;

2. stolen and cashed by another person; or

3. stale dated.

NOTE: If a warrant has not been cashed within 180 days after it has been issued, the Fiscal Bureau voids the check. This is called stale dating.

All warrant replacement requests should be documented in TEAMS CANO.

➤LOST WARRANTS
:

To replace a lost warrant, please contact Chris Smith at the Fiscal Bureau at 444-4049, and supply the following information

- Case number
- Client name
- Current Address
- Social Security Number of client
- Amount of the warrant
- Benefit month the warrant was issued for

Chris will complete a Warrant Replacement Form and fax it to the OPA. The OPA must have the participant sign the form, then fax it back to the Fiscal Bureau, Attn: Chris Smith at 444-9763. **There is no need to send the original form to Fiscal.**

Once the Fiscal Bureau has all the necessary information, the information will be sent to the Department of Administration who will stop payment on the lost warrant and issue a new one.

STOLEN CASHED WARRANTS

To replace a warrant that was stolen and cashed, the Eligibility Case Manager must inform Chris Smith at the Fiscal Bureau. The Department of Administration (DOA) waits for the redeemed warrant to surface. During this time, Fiscal Bureau sends the participant an affidavit to sign in the

presence of a notary that, to the best of his/her knowledge, the warrant was indeed stolen and the signature forged.

Fiscal then sends the affidavit to DOA. DOA forwards two copies of the cashed warrant and the affidavit to the State Treasury. The Treasury then sends that information to the bank where the warrant was cashed.

Each bank will conduct its own investigation, which can take up to three years at the bank's discretion. Two to three months is the average length of time it takes a bank to determine whether the warrant was in fact forged upon redemption.

When the bank is satisfied that the warrant was illegally redeemed, it will inform Treasury. In turn, Treasury informs DOA that a new warrant can be issued. DOA then issues a new warrant and sends it to the Fiscal Bureau.

One of the accounting technicians then will send the check to the participant at the address he/she listed on the affidavit. There is no formal notification to the local OPA or to Central Office that the warrant has been reissued.

►STALE DATED WARRANTS

When a warrant has been stale dated, 'SD' is displayed in the Document Status field on EXIH. These warrants can be replaced by the Department of Administration.

To assist the participant in obtaining a stale dated warrant, please contact Chris Smith at the Fiscal Bureau at 444-4049, and supply the following information:

- Case number
- Client name
- Current address
- Social Security Number of client
- Amount of the warrant
- Benefit month the warrant was issued for
- Original warrant number

Once Chris receives this information, she will contact Department of Administration, who will send the Stale Dated Warrant Replacement Affidavit directly to the participant for signature and notarization.

RETURNED TANF WARRANTS

The local office should only accept a TANF cash assistance warrant back from a participant in three instances:

1. The warrant is being applied to an overpayment. If this is the case, the warrant needs to be sent to fiscal with an indication that it must be applied to an overpayment.

2. There was an error in the TEAMS system and duplicate warrants were issued or the warrant was issued for an incorrect amount.

3. The participant is deceased and there is not an estate that can cash the warrant.

Fiscal will not accept warrants back from local offices for any other reason.

The reason for this is when a TANF case assistance warrant is issued the timeclock ticks. When a warrant is returned the clock is not unticked. If the individual was entitled to the warrant by policy (e.g., an overpayment is not established), then we need to make sure it is issued. If the participant states they don't want or need the benefits then, suggest that they deposit the check into a savings account to be used in case of emergency or don't cash the check.

NOTE: For policy on returned supportive service checks see TANF 704-1.

►DECEASED PARTICIPANT (PI)

When a TANF warrant has been issued to a client as the PI and the client dies, the warrant becomes part of the client's "estate" and should be treated as any other asset. The warrant should not be returned if it was issued originally under correct eligibility policy.

SR/DB

ΦΦΦ

Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: BENEFIT ISSUANCE Subject: Expungement of EBT Benefits

Supersedes: TANF 1203-1 (07/01/05)

References: ARM 37.78.101; 37.78.102; MCA 17-8-303

GENERAL RULE - Warrants issued for the Department of Public Health and Human Services, funded to any extent with federal money, must be presented for payment within 180 days after the date of issue. After that, the warrant is considered **stale dated** and can no longer be cashed. TANF cash benefits received via an EBT card are considered, in this instance, to be the same as a benefit issued by a paper check

At the application interview, the Eligibility Case Manager must include an explanation of the policy regarding 'expungement of benefits after the period of inactivity'. It would be appropriate as part of the discussion of the optional payment methods.

Checks will no longer be issued for expunged benefits through DPHHS. The participant can retrieve remaining benefit amounts greater than $10 through the Department of Administration's stale-dated warrant process.

NOTE: A balance of less than $10 will be permanently expunged at the end of the month in which the 180th day occurs. The 'stale-dated warrant' procedure is not available in this situation.

PROCEDURE

On the first day of each month, a report (EBT1735R--Benefits Aging-TANF Cash) is generated and made available on Document Direct. The report lists the participants' names, TEAMS numbers, and the amounts remaining on every TANF EBT card that has had **no activity in the past 160 days.** Once the report is received, every effort must be made to contact the family and offer assistance. Example: If mail has been returned with a forwarding address or you know they are still living in the area, try to make contact.

A system generated notice (A812) is sent to the participant the first of the month following the 160th day, informing them that they have 20 days to use their card or the remaining benefits will be expunged. If the participant activates the card, they are removed from the report and the 180-day time frame starts over.

If the participant does not activate the card, a second system generated notice (A813) is sent to the participants on the 20th of the month informing them that the benefits have been expunged.

EXAMPLE: On August 1st, Wendie shows up on the report as not having used her card for 160 days. She has a $150 balance. The (A812) notice is sent to her on August 1st informing her that she has until August 20th to use her EBT card or her benefits will be expunged on August 31st. On August 20th, the second notice (A813) is sent out. Wendie does not use her card and her benefits are expunged.

The first week of each month, the TANF policy specialist e-mails a report to the Business and Financial Services Division (Fiscal) listing each case that has had $10.00 or more expunged from their EBT account. The report includes the Social Security number and the amount of the expungement. At the same time, the TANF policy specialist sends a letter to each individual listed on the report explaining the process to recover the expunged benefits.

If the participant contacts the Office of Public Assistance after receiving the A813, or the follow-up letter from the TANF Policy Specialist, and wants to access the stale dated benefits (must be over $10.00), please provide the Business and Financial Services Division (BFSD) phone number (406-444-4059). A member of their staff will work with Department of Administration (DOA) to assist with the expunged benefit recovery process. The participant will need the information included in the follow-up letter from the TANF Policy Specialist when they contact BFSD.

SR/DB

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Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: Reporting Changes

Supersedes: TANF 1501-1 (01/01/06)

Reference: ARM 37.78.102 and .507

► GENERAL RULE--All participants are required to report changes in their household circumstances as soon as possible, but within ten (10) days of **knowledge** of the change, to allow the appropriate action to be taken prior to benefit issuance. Form HCS-260A "TANF/Medicaid Change Report Form" will be provided at the initial interview, when a change is reported, at redetermination, and upon request.

NOTE: The Eligibility Case Manager will send TEAMS notice X012 "Change Report Requirements," after initial eligibility determination, at redetermination and any time a change was not reported or was not reported timely.

Participants may report changes at any time and are encouraged to report all changes even if they believe the changes are insignificant.

► **The participant may report changes to either the WoRC Case Manager or the Eligibility Case Manager.** Reporting to the WoRC Case Manager is considered a report to the Eligibility Case Manager and fulfills the participant's requirement to report the change.

► **If the participant reports a change to the WoRC Case Manager, the WoRC Case Manager must immediately report the change to the Eligibility Case Manager.** The Eligibility Case Manager will evaluate the changes and apply the information appropriately as eligibility is redetermined.

If changes are not reported or are not reported timely, correct benefits may be delayed or the assistance unit may be required to repay benefits issued incorrectly.

All reported/discovered changes must be treated as if made timely (within ten days of knowledge of the change). Allow ten days for worker action and ten days for notice of adverse action to establish which benefit months were possibly overpaid. (TANF1504-1)

EXAMPLE: An increase in income known March 15, but not reported until April 30, may result in the May TANF benefits being issued when the individual/family isn't eligible.

ACTION: An overpayment is calculated for May. The 10-day reporting time period ends March 25. The Eligibility Case Manager had 10 days to act and there aren't ten days remaining in the administrative month (March) in which to provide timely notice to the participant reducing April's benefits. Therefore, April's TANF assistance is released. No overpayment is calculated for April.

WHO IS REQUIRED TO REPORT?

All filing/assistance units, eligible for and/or receiving public assistance benefits, are required to report changes in household circumstances and provide verification of the change(s).

WHAT IS TO BE REPORTED?

The following circumstances must be reported as soon as possible but within ten (10) days of knowledge of the change to assure benefits are issued promptly and correctly:

NOTE: Changes may be reported throughout the entire administrative month.

1. Changes in income source or in the amount of gross monthly income;

   Examples of income changes include but are not limited to the following:

   ► 1) changes in hours worked or pay per hour/pay period;
   2) promotion or demotion;
   3) an additional job;
   4) a different job;
   5) lump sum payments such as lottery winnings, settlements;
   6) vendor payments for childcare assistance;
   7) disability/death benefits;
   ► 8) child support payments (received or paid out).

2. Changes in household members;

3. Changes in residence and the resulting changes in living arrangements; and

4. Changes in resources.

►METHODS OF REPORTING CHANGES

Participants can report changes by:

1. completing, signing and returning the Change Report Form (HCS-260A) to either the OPA **or WoRC** Office;

► **NOTE:** Participants **cannot** be required to report changes on Form HCS-260A.

► 2. telephoning or writing the county OPA **or WoRC** Office;

► 3. writing or telephoning the Eligibility Case Manager or **WoRC Case Manager** directly, or

► 4. reporting the change to either the OPA **or WoRC** Office in person.

► **NOTE:** County office staff may also discover information from sources such as newspapers, anonymous calls/letters, R & R Agencies, SEARCHS, MISTICS, PJUSTICE, etc. When information is discovered, the participant must be given the opportunity to respond before action is taken. The Eligibility Case Manager will send a TEAMS Notice notifying the participant of the discovered information and requesting verification to substantiate or dispute it.

The Eligibility Case Manager will evaluate the effect the change may have on all eligibility requirements, non financial as well as financial. For example, if the individual reports an increase in income due to an increase in work hours, this change may also affect the dependent care expense amount, the employment hours on the EAIN screen and FIA/EP participation hours.

ACTING ON REPORTED, DISCOVERED CHANGES

The Eligibility Case Manager must take an action on all changes reported to, or discovered by the agency, within ten days of the reported/discovered change, regardless of the timeliness of the report.

To take an action on changes reported/discovered can mean any or all of the following actions:

1. redetermining eligibility,
2. requesting verification and/or more information,
3. recalculating benefits,
4. taking adverse action (reduction or termination of benefits),
5. establishing an overpayment,
6. issuing a supplement, OR

7. simply documenting in TEAMS case notes (CANO) that a change was reported/discovered, evaluated, and no further action was required.

Action must be taken promptly and must occur even if TEAMS processing time frames prevent a correction to benefits prior to actual issuance.

TEAMS issuance (cutoff) occurs at 5:30 p.m. on the fourth working day from the last calendar day of the month. Any action taken on an authorized case after TEAMS Cutoff will not reflect on eligibility or payment amount for the next benefit month.

NOTE: Supplements are issued for all changes reported within the administrative month (month prior to the benefit month) upon timely receipt of verification.

VERIFICATION OF THE CHANGE

When a participant reports a change, verification (document or statement from a collateral contact) of that change must be obtained as soon as possible. Specific time periods are stated later in this section according to the outcome of the redetermination of eligibility and/or benefit. If verification is not submitted with the reported change or information is discovered, the participant is informed (via a TEAMS Notice) that they must provide the necessary verification within ten (10) days of the notice date. Staff must always follow up verbal requests with a TEAMS notice.

NOTE: **The 'request for information notice' cannot be used as a notice of adverse action.** If the participant does not respond to the notice and eligibility cannot be determined without that information, a timely notice of the adverse action must be sent (TANF 1503-1).

►ADDING A HOUSEHOLD MEMBER

If the household reports that an individual who is a required filing unit member has entered the household, eligibility for the entire household must be redetermined. (TANF 201-3)

► If the new household member is an adult, the household is required to complete an HCS-261A "Adding a New Household Member" form. This form states the information provided may result in termination or reduction of benefits without ten days notice. (TANF 201-3)

► If the new household member is required to negotiate, sign and comply with a Family Investment Agreement/Employability Plan (FIA/EP), further benefits cannot be issued until this eligibility requirement is met. (TANF 701-1, 701-2).

► **NOTE:** If the addition of the new household member requires changing the number of hours that another household member is assigned to WoRC, the Eligibility Case Manager must enter an END DATE for the existing WRC component and enter a new component beginning the first of the next month.

► **Example:** Household received TANF benefits as a single parent household in August. On August 24, Mom reports on a signed change report form that Dad has moved back into the household. Since Dad is an adult, Mom is also required to complete the HCS-261A "Adding a New Household Member" form. Dad is required to negotiate a FIA/EP for September and the household would be required to participate the higher number of hours for September.

If Dad negotiates a FIA/EP by August 31, benefits will be issued to the household. If Dad fails to negotiate a FIA/EP by August 31, the case is closed with adequate notice.

USING CASE NOTES

Always use TEAMS Case Notes (CANO) to explain the reported/discovered change and the action taken as a result of the report (even when no action is necessary). (TANF 1507-1) Documentation should include:

1. a description of the change,
2. dates the change occurred,
3. date the change was reported/discovered,
4. the verification provided and/or requested,
5. ► how the change was reported/discovered (by phone,HCS-260A, written note, in person or a third party), and
6. any other pertinent information.

EXAMPLE: On April 3, the participant submits pay stubs for wages received in March. The wages do not vary from what is currently being used. No change in eligibility or benefits is necessary.

ACTION: The Eligibility Case Manager should complete a TEAMS case note saying, 'Participant reported wages on April 3 and included pay stubs for March. This information did not reflect a change to the current prospected monthly income. No change in eligibility or benefits necessary.'

NOTICES ON ACTION TAKEN

When a change that will result in an adverse action is reported on a signed Change Report and enough information to determine ongoing eligibility is provided, the Eligibility Case Manager will use **adequate** notice to inform the participant of the action (TANF 1503-1). Adequate notice is sufficient because the signed Change Report Form notifies the participant of possible consequences.

►

When a change which results in an adverse action is reported by any means other than a signed change report form **OR** there is not enough information on the signed Change Report to accurately determine ongoing eligibility (e.g, verification/information must be requested), the Eligibility Case Manager must send a **timely** notice. (TANF 1503-1)

CHANGES CAUSING INCREASED BENEFITS

WITHOUT VERIFICATION: When a reported/discovered change will result in increased benefits, **but does not include necessary verification**, request verification to be provided within ten days of the TEAMS Notice. If the verification is not received prior to TEAMS issuance (cutoff) or the ten-day period extends into the next benefit month, benefits are authorized at the benefit amount previously issued. **Do not increase benefits prior to receipt of verification.**

Within ten days of receipt of verification, redetermine eligibility and benefit amount and issue supplemental benefits. Send appropriate TEAMS notice of the action taken. Document TEAMS Case Notes (CANO).

If requested verification is not received within the stated time period or the administrative month and correct eligibility and benefit amount cannot be determined without it, benefits are terminated with timely notice . If the verification is received after the time period but within the administrative month and timely notice cannot be provided, benefits are issued at the previous level. No overpayment is calculated. Circumstances and an explanation of why benefits were issued must be documented in TEAMS Case Notes (CANO).

WITH VERIFICATION: When a reported change includes verification, the redetermination of eligibility and benefits should be completed within ten days. If the action cannot be made prior to TEAMS issuance (cutoff), release the benefit in the same amount previously issued and issue a supplement no later than the 10th of the benefit month. Send appropriate notice. Document TEAMS Case Notes (CANO).

EXAMPLE: Linda Lou, a TANF cash assistance participant reports by phone on April 5, that she lost her job and her last paycheck will be received on April 10. She also reports she will receive $52 per week from unemployment benefits. After a brief evaluation of the circumstances, the Eligibility Case Manager determines this change will result in an increase in benefits payment.

ACTION:

1. Budget the monthly unemployment benefits.
2. Evaluate for a possible change in childcare expense, child support paid to an individual out of the home, and employment hours,
3. Remove wage data from the EAIN screen.
4. Remove/change the childcare expense on the EXPE screen; notify the WoRC Case Manager of the job loss. The WoRC Case Manager will notify the Resource and Referral Agency of the change in child care needs.
5. Set an ALERT for the next administrative month to access MISTICS for unemployment information.
6. Request verification of job end, last paycheck and unemployment benefits. Enter ' CS' in the verification field and due date on ETAL.
7. **Upon receipt of verification**, redetermine eligibility and benefit amount.
8. Renegotiate a new FIA/EP
9. Send appropriate TEAMS Notice.
10. Document action taken in TEAMS Case Notes (CANO).

NOTE: April's benefit payments are not adjusted.

EXAMPLE: Maryann Elizabeth, an MA-PS and Food Stamp Program participant, reports on April 10, using Form HCS-260A, her husband broke his leg April 2, and will not be able to work for three months. The family does not expect any income for the rest of April or the next few months. After a brief review of the case, the Eligibility Case Manager determines the change may result in an application for cash assistance, an increase in their Food Stamp allotment and potential MA-FM eligibility for Maryann Elizabeth and her husband.

ACTION:

1. Send TEAMS Notice X013, requesting verification of employment status, the temporary disability, any change to child care expenses, and provide

information about MA-FM and TANF Cash; set verification due date on ETAL.

NOTE: The verification request notice must clearly state which information is needed for each program.

2. **Upon receipt of the verification**, redetermine eligibility and benefits based on zero income.
3. Immediately deauthorize the case if Maryann Elizabeth applies for TANF Cash and set an appointment for Maryann Elizabeth and her husband to negotiate their FIA/EP. MA-FM should be processed immediately, and not wait for the FIA/EP appointment.
4. Send adequate notice of action taken. Document TEAMS Case Notes (CANO).

NOTE: Do not supplement April's benefit amounts.

► **EXAMPLE:** Leonardo, a TANF cash assistance and Food Stamp Program participant, submits a signed Change Report form (HCS-260A) on April 27, stating his hours have been cut from 40 hours per week to 15 hours per week. After a brief review of the case, the Eligibility Case Manager determines there will be an increase in benefit amounts.

ACTION:
1. Request verification of employment hours and childcare expense. Enter CS code in verification field on EAIN and a due date on ETAL. If verification is not received prior to TEAMS Cutoff, issue May benefits at the previous month's amount.
2. If the verification is received after TEAMS Cutoff, but within the administrative month or the ten-day reporting period extended into May, supplement May benefits.
3. Send adequate notice.
4. Document action taken in TEAMS Case Notes (CANO).

CHANGES CAUSING DECREASED BENEFITS

WITHOUT VERIFICATION: When a reported change, without verification, results in a benefit decrease, benefits are issued **if the information alone is sufficient to prospectively determine ongoing eligibility and/or benefits**. A TEAMS notice must be sent requesting the verification to be provided within 10 days. Prior to issuing the second

month's benefits (the month following the month after the reported/discovered change), verification must be received.

NOTE: If the change is reported/discovered in April, the second month is June

If the verification is not received for the second benefit month, eligibility ends. **Timely** Notice must be sent. Document action taken in TEAMS Case Notes (CANO).

If the verification is received prior to release of the second month's benefit, redetermine eligibility and/or benefit amount and continue issuance of the adjusted benefits. Document action in TEAMS Case Notes (CANO).

EXAMPLE #1: Dwight, a TANF cash assistance and Food Stamp program participant, calls on April 22 to report he found a job. He will be working full-time (40 hours/week) and earning $13.00 per hour. The Eligibility Case Manager briefly reviews the case and determines the change will result in decreased TANF benefits.

ACTION:

1. Ask Dwight how often he will be paid, the pay dates, and if the job is expected to continue.
2. Request verification of employment, pay, etc. Enter CS code in the verification field on EAIN and due date on ETAL.
3. Redetermine eligibility and benefit amount. It is determined that prospectively the case fails the GMI for household size. Allow May benefits to be issued because it is not possible to send timely notice of the termination of eligibility and/or benefits. **Do not determine an overpayment.**
4. Close the TANF cash assistance case effective May 31, enter WPR code in the Work Support Payment field on AFED and approve the WSP if appropriate. Send timely notice.
5. Complete TEAMS case notes on the CANO screen.

EXAMPLE #2: Heather JoLynne, a TANF cash assistance and Food Stamp Program participant, submits a signed Change Report Form on April 10. She reports she was awarded disability payments of $950 per month beginning May 1st. The Eligibility Case Manager briefly reviews the case and determines the change will result in decreased benefit amount and possibly termination of eligibility.

ACTION:

1. Redetermine eligibility prospecting the disability income for TANF cash assistance and Food Stamps coded on the UNIN screen. If eligible, authorize benefits; if ineligible, close the TANF cash assistance case. In either case, the changes to the TANF cash assistance will also impact Food Stamps.
2. Request income verification. Enter CS in the verification field on UNIN and due date on ETAL.
3. Send adequate notice explaining the action taken.
4. Document action taken in TEAMS Case Notes (CANO).

EXAMPLE #3: Zelda Emelda, a TANF cash assistance and Food Stamp Program participant, called on April 5 to say she started working March 1 and received her first pay on March 15.

ACTION:

1. Redetermine eligibility for the May benefit month, enter the income on the EAIN screen; benefits will decrease.
2. Send timely notice of adverse action.
3. Request verification of new job. Enter CS in the verification field on the EAIN screen and due date on ETAL.
4. Upon receipt of verification, establish a TANF overpayment for April. Review FS 1504-1 to determine if an overpayment exists for the Food Stamp program. Send appropriate notice.

NOTE: Even though the report is not timely, the report must be treated as if it were to establish which benefit months were overpaid. Allow for the expiration of the ten days from the date the change was known, and also allow ten days for worker action, as well as the ten-day timely notice of the adverse action. In the above example, if the report had been timely, it would have been submitted no later than March 11. There would have been ten days for the worker and still give timely notice of adverse action for April benefits.

EXAMPLE #4: Carmen Amanda reports on April 27, on a signed HCS-260A, that she started working on April 18.

ACTION: Redetermine eligibility for June. Document action taken in TEAMS Case Notes (CANO). **No overpayment for May is calculated.**

NOTE: The household reported timely. The report is received after TEAMS Cutoff giving the Eligibility Case Manager no opportunity to recalculate and reauthorize May benefits. This is no fault of the participant and no fault of the Eligibility Case Manager.

PROCEDURE

Eligibility Case Manager:

ACTION:

► 1. Explain reporting requirement (send TEAMS notice X012) and provide Form HCS-260A Change Report Form to:

a. all applicants at initial interview, redetermination, and any time a change is not reported or not reported timely,

b. all households upon receipt of a change,

c. upon household's request, and

d. at every opportunity when communicating with the participant.

►**Participant:** 2. Report all changes specified as soon as possible but no later than 10 days of having knowledge of the change. This can be accomplished by completing Form HCS-260A, by phoning the local OPA or WoRC office, by reporting the change in writing to either OPA or WoRC, or reporting in person to either OPA or WoRC.

Eligibility Case Manager: 3. **Within 10 days of the reported/discovered change,** take appropriate action prior to TEAMS cutoff (issuance of benefits) to ensure that benefits are issued correctly and overpayments are avoided.

4. Send ADEQUATE notice if the participant reported the change on a signed Change Report Form (HCS-260A) and provided enough information to accurately determine ongoing eligibility. (See Section 1503-1 for exceptions to timely notice)

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Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: Redetermination of Eligibility

Supersedes: TANF 1502-1 (07/01/05)

References: 45 CFR 206.10(a)(9) and (12)(b)(4); ARM 37.78.228; ARM 37.78.102

GENERAL RULE-- A redetermination is a review of all financial and non financial requirements affecting eligibility and/or grant amount; e.g. income, resources, household composition, child/medical support requirements, Family Investment Agreement/WoRC Employability Plan (FIA/EP) requirements, time clock exemptions/exclusions, etc.

This redetermination of eligibility for all participants occurs:

1. upon knowledge of anticipated changes in the individual's situation;

2. promptly after a report or discovery of changes in the individual's circumstances that may affect the amount of assistance to which he is entitled or may make him ineligible;

3. once every 12 months, at a face-to-face interview, which is usually scheduled to coincide with Food Stamp or Medicaid redeterminations or FIA/EP renewals.

➤ **NOTE: For those participants with less than a year left on their time clock, schedule a redetermination within the final three months of eligibility.**

Timely notice must be given in all instances of adverse action (termination or reduction of benefits) as a result of any redetermination. Adequate notice is given if benefits are unchanged or increased (Section 1501-1)

ANNUAL REVIEW

A face-to-face complete eligibility redetermination is required at least once every twelve (12) months for participants in TANF cash assistance program. The redetermination month is the twelfth month from the month of application/start date. TEAMS will **not** allow the eligibility period to be greater than 12 months. The redetermination may be coordinated with another program's redetermination or the FIA/EP renewal appointment. Retain a copy of the updated FIA/EP in the TANF case file.

Placing a future date in the "Redetermination Date" field on the EXPD screen sets the redetermination month. The date is not to exceed 12 months from the month of application. Eligibility Case Managers will

receive a TEAMS generated report in the month prior to the redetermination due date.

EXAMPLE: The application/start date is August 5th, 2005. On EXPD enter 07/06 in the REDETERMINATION DATE field. The TEAMS ALERT will appear in June of 2006.

SCHEDULED INTERVIEWS

Using the TEAMS generated list of cases with redeterminations due, the Eligibility Case Manager schedules the interview and notifies the participant via TEAMS notice ((X034)).

If the individual fails to appear, without good cause (Section 1509-1), eligibility is terminated for failure to comply with program redetermination requirements. A timely notice (10 days) of adverse action to terminate assistance must be sent. The action taken must be documented in TEAMS Case Notes (CANO).

NOTE: If the individual had good cause, he/she shall have an opportunity to make arrangements for a home visit by the Eligibility Case Manager, have an Authorized Representative act on his/her behalf, and/or reschedule the interview. If benefits were terminated prior to the acceptance of the claim of good cause, the case is reverted to open and benefits authorized.

EXAMPLE: The redetermination interview is scheduled for July 15th. The participant fails to appear and a closure notice is mailed the following day. On July 28th, the participant contacts the office requesting the interview be rescheduled. ACTION: Reschedule the interview for the earliest possible date because the contact was made prior to August 1st.

ANNUAL REDETERMINATION REPORT (FA-272)

All participants receive Form FA-272, "Redetermination Report". They are instructed to complete the report and return it by the 15th of the month indicated on the address label. For example, reports mailed in June show the month as July, so the report would be due by July 15th. If the participant does not return the report nor bring it to the interview, an adverse action **cannot** be taken. Document this circumstance in TEAMS Case Notes (CANO) along with other information obtained at the interview.

The FA-272 provides information needed for the eligibility redetermination and can be used as a 'checklist' to assure all eligibility requirements are reviewed. Redetermination information and the resulting actions must be documented in TEAMS Case Notes (CANO).

VERIFICATION

Appropriate statements or documents verifying new information obtained at the redetermination must be provided. If the required verification is not provided and it is necessary to correctly determine continued eligibility, benefits are terminated. Timely notice must be sent.

PROCEDURE

Responsibility	ACTION
Eligibility Case Manager:	1. Using the TEAMS generated redeterminations due list, schedule an appointment and send a written notice to the participant (TEAMS Notice (X034)).
Participant:	2. Upon receipt of Form FA-272, update information and return it to the county OPA by the 15th of the month indicated on the address label or bring it to the scheduled interview. Bring verification of any changes to the scheduled interview.
Eligibility Case Manager	3. During the interview: a. evaluate all financial and nonfinancial eligibility requirements and enter current information to TEAMS; ► b. review good cause status for not providing non-custodial parent information to CSED; ► c. review the participant's rights, responsibilities and status (HCS-220, "Rights and Responsibilities"), emphasizing Change Reporting requirements, obtaining and maintaining employment, participating in EPSDT, cooperation with TPL, HIPPS, and Child Support Enforcement- (update information on Form FA-332, if appropriate); d. review the purpose of Form HCS 101"Authorization to Release Information"; and e. obtain the participant's signature on all forms as required. Keep originals in the case file; give copies to the participant.
	4. Complete the redetermination process: a. On TEAMS, go to the RERE screen and enter the appropriate date; b. on the INDA screen enter the interview date; ► c. Inquire on and review SEARCHS, MISTICS, PJUSTICE, AND SOLQ, if appropriate.

d. enter through all the required eligibility determination screens updating the data as indicated; and

e. if the participant is eligible, authorize benefits on EXPD.

5. Update REDETERMINATION DATE field on TEAMS EXPD screen.

6. Send timely notice if benefits are reduced or terminated; adequate notice if benefits are unchanged or increased; include date of next redetermination.

NOTE: If there are not ten days in which to give timely notice of adverse action, benefits must be released at the previous level and changed the following month.

7. Document action taken in TEAMS Case Notes (CANO).

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Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: Notices/Adequate and Timely

Supersedes: TANF 1503-1 (01/01/06)

References: ARM 37.5.505 and 37.78.102

►

GENERAL RULE—Timely and/or adequate notice must be given in all instances of adverse action. An adverse action is action intended to discontinue, terminate, disqualify/sanction, or reduce assistance or to impose such conditions as protective payments or participation requirements.

Prior to notifying the individual, all computer match information must be independently verified to confirm its accuracy.

NOTE: Once benefits have been issued (fourth working day before the end of the month), they cannot be changed or terminated.

►COMPLETE NOTICE:

Complete Notice – A written statement that informs the applicant or recipient of the:

1. Action taken and/or the eligibility period,
2. Reason for the action,
3. Specific agency policy and state and federal regulations supporting the action,
4. Date the action will occur, and
5. Person's right to request a hearing.

All notice must contain the above information.

►TIMELINESS REQUIREMENTS

Adequate Notice – Written notification as stated above, to be received by the individual no later than the date of action or the date benefits would have been received. Notices must be mailed no more than two working days after TEAMS cutoff to meet adequate timeframes.

Timely Notice – Written notification as stated above, mailed at least ten (10) day prior to the date of the action.

Ten (10) Day Notice Period – the ten (10) consecutive days beginning the date the notice was mailed.

NOTE: Notices are mailed the next working day after they are sent from TEAMS, and are not mailed on weekends or holidays.

NOTE: Mass changes that cause a decrease or termination of benefits require a timely notice. (Example-Social Security cost-of-living increase.)

►PROBABLE FRAUD NOTICE

The agency may shorten the period of advance notice to five (5) days if:

1. The agency has facts indicating possible fraud by the applicant/participant; **and**

2. The facts have been verified, if possible, through secondary sources.

►EXCEPTIONS TO TIMELY NOTICE REQUIREMENTS

The State or County may dispense with timely notice but must send a complete adequate notice, to be received no later than the date of the intended action or the date benefits would have been received, in the following situations:

a. Application is denied.

b. Death of Participant (or Payee)--Factual information confirms the death of a participant and there is no relative to serve as a new payee.

c. Participant Knowingly Provides Information Affecting Benefits--The participant provides all information necessary to determine benefits on **signed** HCS 260, "Change Report Form" or a **signed** HCS -272, "Redetermination Form" which informs him/her of the possible consequences of providing such information.

► **NOTE:** Participants cannot be required to report all changes on a signed change report form.

d. Participant No Longer Wishes Assistance and Requests Closure of Case--**The participant makes a verbal request or submits a signed statement** that he/she no longer wishes to receive TANF cash assistance and requests case closure.

e. Participant Admitted or Committed to an Institution--The participant has been admitted or committed to an institution (e.g., prison or mental hospital), and further benefits to that individual do not qualify for federal financial participation.

f. Participant's Whereabouts Are Unknown--The case is being closed because conclusive evidence proves that there has

been a loss of contact. (e.g., State or County mail has been returned by the Post Office).

► g. Participant Moves to Tribal TANF or Another State-- A participant has **applied** for benefits in a new jurisdiction and the fact has been established by phone, FAX or written contact from either the other jurisdiction or the participant.

► **NOTE:** Duuring the application process, if the participant has provided information and verification regarding a change in household composition that results in a decrease and/or closure of TANF benefits in an existing case, adequate notice must be given to the existing case.

► h. Participant applies for benefits in another county or as a separate household in the same county--The participant has applied for benefits in another county within the state or has applied for benefits as a separate household and during the application process has provided information and verification regarding a change in household composition that results in a decrease and/or closure of TANF benefits in an existing case.

i. Participant Placed in Long Term Care--The participant has been placed in skilled nursing care, intermediate care, or long term hospitalization and the absence is not considered temporary (see TANF 302-1 for temporary absence policy).

j. Participant Placed in Foster Care --A minor child is removed from the home as a result of a judicial determination, or voluntarily placed in foster care by his legal guardian and the absence is not considered temporary (see TANF 302-1 for temporary absence policy).

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Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: CASE MANAGEMENT Subject: Overpayments

Supersedes: TANF 1504-1 (01/01/07)

References: ARM 37.78.102 and .430

GENERAL RULE– Evaluate the possibility of an overpayment claim against any household that received more TANF cash assistance than it was eligible to receive (whether or not the household is currently receiving TANF cash assistance). An overpayment is financial assistance received by or for an assistance unit for the benefit month that exceeds the amount for which that unit was eligible. All reasonable steps necessary to promptly correct any overpayment must be taken.

NOTE: **Starting with the month of May 2003, overpayments will not be established for any agency caused error.**

EXAMPLE: An agency caused error occurred for the months of March, April, and May 2003. The overpayment will be established for the months of March and April but not for the month of May.

When individuals are no longer participants, or refuse to repay the overpayment from their income and resources, recovery will be made by appropriate action under state law against the income or resources of those individuals.

►CHILD SUPPORT OVERPAYMENT

If the participant keeps the child support payments after benefits are authorized, the **Eligibility Case Manager** establishes an overpayment for the entire amount of the child support kept by the participant. As a courtesy, **send CSED an e-mail** informing them that the custodial spouse has retained child support from the non-custodial spouse, the months this occurred and the amounts of the payments. This is considered a TANF overpayment, not a CSED overpayment.

Evaluate for possible Intentional Program Violation/Fraud. Refer to Section 1505-1.

DUAL PARTICIPATION

If a participant is found to have received TANF benefits in more than one state during the same month, generally, the state where duplicate benefits were authorized is the one who would establish the claim.

OVERPAYMENT LOGS

Eligibility Case Managers need to record cases having potential overpayments in the Monthly Overpayment Log Excel Spreadsheet on an ongoing basis. Cases considered to have a potential overpayment would include those in which an error has been identified but the Eligibility Case Manager has not yet had time to rework the case to determine if there is an overissuance.

The log specifically addresses date of discovery of potential overpayment, the date the overpayment was processed/entered on TEAMS, whether the error was client or agency caused, and whether or not it is an intentional program violation (IPV). If the error did not result in an overissuance, 'N/A' should be entered in the date-processed field. Overpayments that have been determined to be client caused must have TEAMS case notes documenting whether or not an IPV is being pursued and the reasoning behind the decision.

NOTE: Although agency caused overpayments are not currently established against the household, the information must be entered on the log with an 'N/A' in the date processed field and in the amount field.

Do a hand budget (HCS-323) and determine the amount of the overpayment for each month. On the Overpayment Log, put the same information as you would for a participant error. The only difference is an agency caused overpayment will not be set up on the system.

At the end of the month the completed log will be submitted to the supervisor or designee, who will forward an electronic copy of all overpayments to the TANF Policy Specialist.

CHANGES IN HOUSEHOLD COMPOSITION

Occasionally the household membership changes between the time the error occurred and the time the overissuance claim is established (e.g. household splits into two different TANF cash assistance cases). When this occurs, the current open TANF cash assistance household containing the majority of the original household members at the time the error occurred should have the claim established on their case. If there is not a majority in one case over another, establish the overpayment against the open case containing the original Primary Information person.

EXAMPLE: Household containing mom, dad and three children failed to report income. The resulting overpayment would be established on mom's current case containing three (3) original members (mom and two children) instead of dad's case containing two original members (dad and one child).

ESTABLISHING A CLAIM

Prompt recovery of an overpayment occurs by the Eligibility Case Manager establishing a claim and sending a demand letter (notice A900) by the end of the quarter following the quarter in which the overpayment is first identified. A quarter is identified as Jan- March, April- June, July- Sept. and Oct- Dec. Therefore, an error discovered in February must have a claim established by the end of June.

In cases that have both an underpayment and an overpayment, one will be offset against the other in correcting the benefits. (See Section 1504-2 for further information on underpayments.)

To establish a claim on a closed case, it must first be reverted to open before it can be reworked on TEAMS.

Do not establish a claim when the overissuance precedes the date of discovery by six (6) years or more.

DETERMINING 1st MONTH OF OVERISSUANCE

All claims must be treated as if all the maximum time frames apply. 10-10-10 is a program guideline to establish the first overissuance month.

These time frames are as follow:

10 days for the participant to report;
10 days for the Eligibility Case Manager to act, and
10 days for notice of adverse action.

NOTE: For an agency caused overissuance that occurred before May 1, 2003, such as an Eligibility Case Manager failing to act on a reported change, the first ten (10) days are not a consideration. If the household reported timely, the allowance is only ten (10) days from date of report for Eligibility Case Manager to act and ten (10) day notice for adverse action.

EXAMPLE: (HOUSEHOLD CAUSED)
Participant gained knowledge on April 27 that he would start employment in two days but never reported it to the county office. The participant had until May 7 to report. The Eligibility Case Manager had until May 17 to act on the change. Since there would be ten (10) days for timely notice of adverse action (May 30), the first overissuance month is June. (If the participant did not gain the knowledge of being hired until May 2 the first overissuance month would be July.)

EXAMPLE: (AGENCY CAUSED before May 1, 2003)
Participant gained knowledge on March 1 that he would start employment in two days. On March 2, he submitted a change report form with all information needed to determine eligibility. The Eligibility Case Manager filed the change report form but did not take any action. Case is redetermined in August and change report form is discovered. The Eligibility Case Manager had until March 12 to act and would have had ten days for adverse action. Therefore, the first and only overissuance month is April 2003.

BOTH CLIENT AND AGENCY CAUSED ERROR

When multiple errors are discovered on a case (some are considered client caused errors while others are considered agency caused errors), the overpayment is only established on the client caused error.

EXAMPLE: Participant started a job on December 15, 2003 and this change was reported on December 20, 2003. The Eligibility Case Manager failed to act on the change. On February 20, 2004, one of the children in the home moved out permanently. This change was never reported to the agency. Case is redetermined in April 2004 and both changes are discovered.

An overpayment will not be established on the change in income. The income will be changed in TEAMS for the month of May forward.

An overpayment must be established for the decrease in household size. Because of the 10-10-10 guidelines, the overpayment will be established for the month of April. May benefits will be changed prospectively.

ESTABLISHING A CLAIM FOR FS BUT NOT FOR TANF

When an overpayment must be established for food stamps that is not being established for TANF, care must be taken with the entry in TEAMS.

If the error is due to a **change in income or resources**, the excess income or resources must be entered in TEAMS using the 'OF' income or resource code. If the error is due to a **change in childcare expenses**, the Eligibility Case Manager should use the 'DA' and 'DF' expense codes. This will enable the establishment of the food stamp overpayment and will not create a TANF overpayment.

If the error is due to a **change in the legally obligated child support expense**, the Eligibility Case Manager should not enter through the EXPD screen in order to avoid creating a TANF overpayment. If an overpayment is inadvertently created, the Eligibility Case Manager must set it up completely on OVCA and use the status code of either 'PE' or

'OP', hit enter, then change the status to 'DE' and delete the information off OVCA. Do not return to EXPD and enter through the screen.

TEAMS PROCESSING

See the 1500 section of the TEAMS User Guide located on the TEAMS Training Website for TEAMS procedures.

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PROCEDURE

ACTION

Eligibility Case Manager:

1. Upon discovery of an overpayment, determine the amount of the claim by the end of the quarter following the quarter in which the discovery was made. The claim must include all months that contain an overpayment, beginning with the month the change would have been effective had it been known and acted upon (10-10-10).

   Evaluate the circumstances for possible Intentional Program Violation/Fraud (Section 1505-1).

►

NOTE: If the household has received continued benefits pending a fair hearing due to a sanction, and the fair hearing is ruled in favor of the Department, the amount of the overpayment is the amount of continued benefits that were issued to the household. This overpayment cannot be worked on TEAMS, but must be manually entered on the OVCA screen.

USE ACTUAL INCOME IN OVERPAYMENT COMPUTATIONS

2. Reconstruct details of the case **as if all the facts were present** when eligibility was determined. Rework the case with the correct household composition (those members that should have been included and may not have been) and the **actual countable income** of the household, (Section 601-1)

   EXAMPLE #1: Bob received three biweekly checks; $150, $200 and $250. This income was not reported. Actual income of $600 is used to determine overpayment.

   EXAMPLE #2 Sally, Bob's estranged wife, moved back into the household on **June 7th** and Bob did not report this to his Eligibility Case Manager until the 18th of September. Sally was employed and received four semi-monthly checks; $150 and $200 in August and $200 and $225 in September. Actual income of $350 used to determine overpayment for August and $425 used to determine overpayment for September.

3. Calculate the overpayment on TEAMS and establish the overpaid amount through the use of EXPD. Benefits must be recalculated for each month in which an error occurred.

   a. Redetermine eligibility and grant for each month.

   b. Enter through all screens and input the correct information. Earned income disregards are not allowed on the earnings that were not reported timely; use TEAMS Income Code: 'LA' (loss of disregards for a TANF cash assistance only overpayment) or 'LB' (loss of disregards for both TANF cash assistance and food stamp overpayment). The obligated income disregard is allowed.

   c. The EXPD screen will indicate the overpayment amount.

   NOTE: You must press ENTER on the EXPD screen in order to update the database with the recalculated amounts. The calculated amount will appear on the OVCA screen when accessed.

4. Establish an overpayment claim by selecting the error months overpaid or by adding manually calculated amounts. Initiate repayment by completing the information entry on this screen.

   Claims and Recovery Unit, Central Office, Helena, will make any required changes to the status or balance of the claims.

   Go to the SEOU Menu and select the OVCA screen to set up the claim. If help is needed, contact the Claims and Recovery Unit at Central Office.

5. Send TEAMS Notice A900 to inform the household of the amount of overpayment.

   NOTE: An OPA Supervisor must review all overpayment claims for accuracy and timeliness of the claim. The overpayment claim must be approved by the OPA Supervisor and documented in case notes with the title of the case note "OPA SUP AP". If the OPA Supervisor does not enter a case note, the claim will be deleted by the Claims and Recovery Unity (CRU) and must be reestablished.

OPTIONS FOR REPAYMENT FROM RECIPIENTS

1. Payment in Full--The unit is allowed to make a cash payment for the entire amount of the claim if possible. The unit is not required to liquidate all its resources to make this payment.

► 2. Grant Reduction--Currently participating households who do not opt to pay in full will automatically have their grant reduced as follows:

► a. 25 percent (25%) or $25.00, whichever is greater, for an overpayment due to receipt of continued benefits pending a fair hearing on a sanction. (Fair Hearing decision in favor of the Department must have been received.)

b. 10 percent (10%) or $10.00, whichever is greater, for all other overpayments.

►CONTINUED BENEFITS DUE TO SANCTION

If the overpayment is due to receipt of continued benefits pending a fair hearing on a sanction, the following process must be followed:

1. Establish the overpayment as usual on the OVCA screen in TEAMS (OPA staff do not have the ability to update the percent and/or amount on OVCA);

2. The OPA supervisor must enter a case note titled "OPA SUP AP—CONT BENEFITS";

3. Send the A900 "TANF Overpayment/Repay Agree" notice to the household. In the free form area it must be noted that this overpayment is a result of the receipt of continued benefits and therefore will be recouped at a higher amount;

4. The OPA supervisor must send an email to the TANF Policy Specialist that contains the following information:

   a. Case name;
   b. Case number;
   c. Benefit month the continued benefits were issued;
   d. Fair Hearing Decision Number

5. The TANF Policy Specialist will review the information and compile a master list of overpayments relating to the receipt of continued benefits. This mast list will be submitted to Fraud and Recoveries on a weekly basis.

6. Fraud and Recoveries will update the OVCA screen to reflect recoupment at 25% or $25.

7. Fraud and Recoveries will enter a case note regarding the change to OVCA. The case note will be titled "CONT-BEN-ADJUST".

8. The OPA worker must send timely notice of the decrease in TANF benefits (A903) and document actions taken in TEAMS case notes.

REPAYMENTS FROM NON-RECIPIENTS

The Claims and Recovery Unit will attempt to collect from those filing/ assistance units no longer receiving benefits. Repayment agreements on closed cases must be negotiated with the Claims and Recovery Unit.

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ΦΦΦ

Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: Underpayments

Supersedes: FAIM 1504-2 (11/01/00)

References: ARM 46.18.105

GENERAL RULE—When it is determined additional benefits are owed to the household, the worker must take action to locate the household and restore/supplement benefits as appropriate.

Restored or supplemented benefits for an underissuance are only issued if the case of the underissuance meets one of the following:

1. The loss was caused by the agency (including worker or TEAMS error);

EXAMPLE: A change was reported/verified after cutoff which resulted in an increase in benefits, a supplement would be required for the current benefit month.

2. An administrative disqualification for intentional program violation is reversed; OR

3. The federal regulations specifically state that a household is entitled to a restoration or supplement for lost benefits.

Benefits are not restored or supplemented to households for unreported changes. The only actions required for household caused underissuance errors are to correct the case prospectively, document TEAMS case notes and send appropriate notices. Supplements or Restorations are not counted as income or as a resource in the month paid or the following month.

Underpayments are to be promptly corrected (preferably within 30 days) for current participants or those who would be current participants if the error had not occurred. Underpayments are applied in their entirety to existing overpayments.

DEFINITIONS

Supplement—additional benefits issued for the current month to compensate for an underissuance. To determine the amount of a supplement use the best verification available to prospect the circumstances for the current month. If appropriate, average and/or factor.

Restoration—additional benefits issued for a past month to compensate for an underissuance. To determine the amount of a restoration, use actual circumstances for the month to be restored. Therefore, verification such as actual income and household composition must b provided before eligibility for a restoration can be determined.

TIME LIMITS FOR RESTORING BENEFITS

Benefits must be restored if the loss occurred no more than 12 months from the most recent of the following events:

1. The date the household, another person or agency notifies the county of the possible loss to that specific household. The notification to the county office can be either oral or written.

2. The date the county is notified or otherwise discovers that a loss to a specific household has occurred.

3. The date the benefits were found by any judicial action to have been wrongfully withheld. If the judicial action is the first action the recipient took to get restoration, benefits will be restored for no more than 12 months from the date the court action was initiated.

   When the judicial action is a review of county action, benefits will be restored for a period of no more than 12 months from whichever of the following dates occurred first:

   1. The date the county receives the request for restoration; or

   2. If no request is received, the date the fair hearing action was initiated.

►CHANGES IN HOUSEHOLD COMPOSITION

Occasionally the household composition changes from the time the error occurred and the time the restoration is issued (e.g. household splits into two different TANF cases). When this occurs, the underissuance is calculated using the facts of the household situation and composition at the time the underpayment occurred and is issued to the TANF household containing the majority of the original household members at the time the error occurred.

NOTE: If the household with the majority of members cannot be identified, located or determined, benefits will be restored to the household containing the Primary Information (PI) person at the time the error occurred. This would also include situations when each new household has the same number of original household members.

► Example 1: Mom and dad and three children were on TANF and received an underissuace due to the worker making a math error when prospecting income.

Mom and dad separate. Mom takes two children and dad takes one. The supplement would be issued to mom as her household contains the majority of original participants at the time of the underissuance.

Example 2: Same situation but there are only two children. Mom and dad separate. They each take one child. A restoration is calculated for the month(s) the household was underissued benefits. Since dad was the PI at the time of the underpayment, the restoration is authorized to his current address.

►TEAMS PROCESSING

See the 1500 section of the TEAMS User Guide, located on the TEAMS Training Website for TEAMS procedures.

Eligibility Case Manger

1. Calculate the underpayment on TEAMS by entering through all the applicable screens and inputting the correct information for each month in which an error occurred. Once the corrected information is in TEAMS, establish the amount of the underpayment by accessing EXPD. The generated amount will appear on the UNAU screen when accessed.

   NOTE: You must press ENTER on the EXPD screen in order to update the database with the recalculated amounts.

2. Evaluate the case for outstanding overpayments because underpayments will be applied to any outstanding overpayments.

► **NOTE:** If the balance on the outstanding overpayment is minimal, only authorize one month of underpayment per day, to allow TEAMS to apply the underpayment and adjust the overpayment accordingly.

3. Document the case file in TEAMS case notes (CANS).

4. Send adequate notice to the participant.

►MANUAL UNDERISSUANCE

Due to the requirement have all participants negotiate and sign a FIA/EP prior to the issuance of benefits, OPA staff can no longer authorize manually calculated underpayments on TEAMS. At this time, in order to have a manually calculated underpayment authorized, please contact your RPS or the TANF Policy Specialist. They will work with the

appropriate personnel on the TEAMS system to authorize the underpayment.

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Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: Intentional Program Violation/Fraud

Supersedes: TANF 1505-1 (01/01/03)

▸References: ARM 37.78.102, .430, and .505

GENERAL RULE– An applicant/participant is in violation of program rules if he/she makes false or misleading statements, conceals information, or withholds facts for the purpose of establishing or maintaining eligibility.

An applicant/participant found to have committed an Intentional Program Violation (IPV) by the Administrative Disqualification Hearing (ADH) process or who has signed Form HCS-559, "Waiver of Right to Disqualification Hearing", will be ineligible for TANF cash assistance (disqualified) for a specified period of time depending on the number of times he/she has been found to have committed an IPV.

When an individual signs the "Application for Assistance" (HCS-250), he/she attests to the truth, accuracy and completeness of the information provided and declares understanding of the penalty for lying or misrepresenting the family's circumstances. In addition, participants are sent the notice X012 (Change Reporting Requirements) when their case is approved, and at each redetermination. This notice informs the household that all changes must be reported within 10-days of knowledge of the change.

NOTE: An out-of-state IPV disqualification from TANF (cash assistance) is not recognized in Montana unless the violation was for misrepresenting residence to receive benefits in two or more states (See TANF 703-1).

As the Eligibility Case Manager processes the application or ongoing benefits (acting on changes, etc.) and discovers the current or reported information to be false or misleading or was not previously revealed, the individual is alleged to have intentionally violated program rules.

Policy areas in which violations most often occur are:

1. Unreported or misrepresented income;

2. Unreported or misrepresented family composition;

3. Unreported property or resources; or

4. Duplicate cases, in which an individual receives benefits from more than one county, or state, at the same time.

➤ **NOTE:** The **attempt** to receive benefits fraudulently is sufficient to make an IPV referral. The benefits do not have to be actually received to constitute an Intentional Program Violation.

➤REFERRAL FOR INVESTIGATION

When a potential IPV/Fraud is discovered, the case should be referred to Claims and Recovery Unit (CRU) for investigation and processing using the following procedure:

1. The Eligibility Case Manager completes the electronic referral form with a brief explanation of events causing the referral to be made.

   NOTE: The referral form is a WORD document that should be completed electronically (copy on page 7).

2. The referral form is sent as an e-mail attachment to the Claims and Recovery Unit, who will refer it to the appropriate Program Compliance Investigator (PCI).

   NOTE: If the participant is willing to sign the "Waiver of Right to Disqualification Hearing" (HCS-559) during an interview (e.g., redetermination, application for another program, etc.), the Eligibility Case Manager should obtain it. However, the OPA should still refer the case to Claims and Recovery with all information for accounting purposes.

3. The investigator will interview the client and gather evidence to determine if an IPV/Fraud exists.

4. The PCI will attempt to secure a signed waiver. If the waiver is not signed, the PCI will complete the ADH packet and represent the Agency in the ADH. The Eligibility Case Manager may be called as a witness.

   NOTE: The OPA will continue to set up the ADH in their local office. The PCI attends the ADH at the OPA or via conference call.

5. Once the PCI has gathered all the information, and the investigation is completed, the referral form and information will be returned to Claims and Recovery.

6. Claims and Recovery will log in the referral information and forward the referral form and information back to the Eligibility Case Manager.

7. The Eligibility Case Manager will compute the overpayment and establish the claim on TEAMS, and send the appropriate overpayment notices to the participant. The completed referral form should be kept in the case file for future reference.
   NOTE: If the OPA already has all the information necessary to establish an overpayment claim, the claim should be established prior to the referral.

DISQUALIFICATION PERIOD

Once a disqualification period is imposed, it continues uninterrupted until completed regardless of the eligibility of the disqualified individual(s). The individual(s) (not the entire assistance unit) shall be disqualified for:

1. Twelve (12) consecutive months for the first violation;

2. Twenty-four (24) consecutive months for the second violation;

3. Permanently for the third violation;

4. Ten (10) consecutive years for misrepresenting residence to obtain benefits in more than one state; or

5. A court ordered (usually for a fraud conviction) period of time.

More than one adult household member may be involved and can subsequently be found to have committed an intentional program violation and disqualified.

It is extremely important to review the PRAP screen and TEAMS case notes to determine if there have been previous Intentional Program Violations prior to determining if the violation is a 1st, 2nd or 3rd violation.

More than one violation may be the subject of a single pre-disqualification conference or ADH, but only one disqualification penalty may be assigned. However, a claim must be established on all overpayments (1504-2).

DISQUALIFICATION IMPOSED

A period of disqualification will be imposed when:

1. The individual has signed Form HCS-559 (Waiver);

2. The hearing officer through the ADH process, has determined that an intentional program violation has been c omitted; or

3. A court of law has set a period of disqualification; **AND**

4. The individual has been provided written notice that the disqualification penalty is to be imposed; it does not have to be mailed ten (10) days prior to imposition of the penalty.

The Disqualification period begins the first of the month following the month the participant is notified via "Action Taken on Your Waiver/Administrative Disqualification Hearing or By a Court of law". This form is sent by Claims and Recovery to the Eligibility Case Manager via e-mail. The case manager will enter the disqualification in TEAMS and complete their portion of the form. The form is then sent as an e-mail attachment to Claims and Recovery. Claims and Recovery will mail the form to the participant and it serves as the participant's notice of adverse action; **no additional TEAMS notice is required.**

TEAMS PROCESSING

To enter the disqualification, go to the SEPA screen to change the individual's Participation Code from 'IN' to 'DQ'. The disqualification reason code would be 'IF' (See TANF 703-1).

The disqualification and reason codes must be entered prior to TEAMS cutoff to ensure the correct start month for the disqualification penalty period.

NOTE: If the action occurs after TEAMS issuance (cutoff), adjust the case for the following benefit month, because benefits cannot be changed after they have been issued by TEAMS.

Record the number and length of the disqualification period in Case Notes (TEAMS Screen: CANO). Set a Person ALERT (TEAMS: PRAP screen) noting this information. At this time there is no TEAMS tracking system for TANF cash assistance program violation disqualifications and the documentation in Case Notes and the Person ALERT is required.

Check the overpayment amount (TEAMS screen: OVCA), if any, and begin the repayment process.

OVER-PAYMENT PENALTY

If an overpayment of benefits has occurred due to a fraudulent action (either IPV or fraud decision) by a member of the filing unit, **the sum that must be repaid is 100% of the amount of assistance to which the assistance unit was not entitled and an additional 25% penalty.**

Fraudulent action includes but is not limited to the making of an intentionally false statement or misrepresentation and the intentional withholding of information.

The recovery unit will add the extra 25% penalty to the OVCA screen when the IPV or fraud decision is received.

ADH APPEALS

The determination of an intentional program violation made by the hearing officer cannot be reversed by a subsequent Fair Hearing decision. In order to appeal the decision, the individual must go through the Board of Public Assistance Appeals.

➤PROGRAM INTEGRITY CONTACT PHONE NUMBERS

When recipients or former recipients have questions regarding repayments, dunning letters or other overissuance situations, they should call **444-2978**.

When recipients or former recipients have questions regarding Tax Offset Payments for overissuances, they should call **1-888-241-8657 or 444-4176.**

When **Eligibility Case Managers** need to discuss overissuance situations with Program Integrity, contact Rolene Benson at 444-9361. If an overissuance claim has been sent to Program Integrity (or, in the case of non-Medicaid overissuance, the claim has been entered on the system) and it now needs to be reversed, cancelled or changed, workers should send this information to Rolene via e-mail for audit purposes.

If a call is received concerning possible recipient fraud, refer the caller to 1-800-201-6308.

Do not give the caller Rolene Benson's or Steve Kranich's direct phone number.

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ΦΦΦ

Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: CASE MANAGEMENT Subject: Requesting a Fair Hearing/ Continuation of Benefits

▶ **Supersedes:** TANF 1506-1 (01/01/06), FMA and MA 1506-1 (04/01/03), Bulletins: FMA- 35, MA B-60

▶ **References:** ARM 37.5.101; 103; 301; .304; .305; .307; .313; .316; .318; .322; .325; .328; .331; .334; .337; .503; .505
ARM 37.82.101; ARM 37.78.102
42 CFR 431.200 through .246; 45 CFR 205.10;

GENERAL RULE--A fair hearing will be granted to any applicant who requests a hearing because his/her application is denied or is not acted upon with reasonable promptness. Also, a hearing will be granted to any participant who is aggrieved by any action resulting in reduction, discontinuance, termination, overpayment, or a determination establishing conditions for the receipt of benefits. The hearing request must be

▶ submitted, in writing, within 90 days from the date of mailing of the adverse action notice.

▶ **NOTE:** A written request for a fair hearing does not have to be signed by the requestor.

▶ A hearing request is defined as a clear expression by the applicant/ participant (claimant), or the authorized representative acting for him/her, that he/she wants the opportunity to present his/her case to a higher authority. The freedom to make such a written request will not be limited or interfered with in any way. The Department may assist the claimant to submit and process the request.

State law grants any 'real party in interest' (e.g., medical providers) the right to request a fair hearing and/or appeal a hearing decision.

▶ The individual's fair hearing rights, how to request a hearing and/or continuation of benefits pending the hearing decision and repayment, if the decision is in favor of the Department, are stated on the reverse side of the system notice informing the individual of the Department's action.

EXPEDITED HEARING Expedited hearings may be granted to households who request hearings, but plan to leave Montana before decisions can be made under regular time frames.

HEARING REQUEST DENIAL or DISMISSAL

A hearing may be denied or dismissed when:

1. The individual (or representative acting on his/her behalf) withdraws the hearing request. This withdrawal must be in writing for Medicaid, but may be in writing or verbal for TANF cash assistance. The verbal request for withdrawal may be made at any time for any reason.

▶ **NOTE:** If a written request for withdrawal is made prior to the request for a fair hearing being sent to the Office of Fair Hearings, both documents must be mailed to the Office of Fair Hearings.

▶ **NOTE:** Obtaining a verbal request for a fair hearing withdrawal is not to be used as a substitute for conducting an in-person Administrative Review, unless the individual or his/her representative is unable to come to the OPA. The OPA must make an attempt to meet with the claimant to present an opportunity to share information and to fully respond to concerns regarding the adverse action. (TANF 1506-2)

When a request for a fair hearing is withdrawn verbally, the OPA must:

▶ a. Contact the Office of Fair Hearings by phone (444-2470 or 444-2472) or e-mail Bobbie Conrady (bconrady@mt.gov) the same day a request for withdrawal is made. Provide the date of verbal withdrawal and whether or not the issue was resolved in favor of the claimant. The Office of Fair Hearings will issue a confirmation of dismissal.

▶ b. Enter a system case note the same day the request for withdrawal is made, stating that the individual provided a verbal request to withdraw the fair hearing.

▶ **NOTE:** If a verbal request for withdrawal is made prior to the request for a fair hearing being sent to the Office of Fair Hearings, the hearing request must still be mailed.

▶ The household has one opportunity to reinstate the fair hearing after verbally withdrawing their request. Within 10 days of receipt of the confirmation of dismissal from the Office of Fair Hearings, the household may make a request for reinstatement directly to the Office of Fair Hearings.

If an oral reinstatement of the fair hearing is requested at the county level, the county office must contact the Office of Fair Hearings by phone or e-mail the same day the oral reinstatement request is made. Case notes of the oral request for reinstatement of the fair hearing must be entered the same day as the request.

If a written reinstatement of the fair hearing is received by the county, the county office must fax the written request to the Office of Fair Hearings (444-3980) the same day the written request is received. The Office of Fair Hearings will follow up with notification of reinstatement.

2. The individual (or representative) fails to appear at the hearing without good cause;

NOTE: The Hearing Officer may reschedule the hearing if the claimant shows good cause for failure to appear. A hearing cannot be dismissed when a claimant does not appear for an Administrative Review.

NOTE: When the claimant failed to appear or request to reschedule, and the hearing is determined abandoned, the Hearing Officer will send a notice of dismissal or denial (in which the claimant is offered the opportunity to explain his/her failure to appear) to the claimant.

3. The request is received by the Department more than 90 days from the date the notice was mailed;

NOTE: Even if the request is received by the OPA Office more than 90 days from the date the notice was mailed, the OPA Office must forward it to the Office of Fair Hearings. When a request is untimely, the OPA Office must file a motion to dismiss with the Office of Fair Hearings. The notice of adverse action must be attached to the motion to dismiss. The Office of Fair Hearings will then dismiss the case if proper.

4. Either federal or state law requires automatic benefit changes (unless the issue is incorrect benefit adjustments);

5. The Hearing Officer does not have jurisdiction over the subject matter or the appeal procedure.

NOTE: The above list of reasons for dismissal is not all inclusive.

►HEARING POSTPONEMENT

The household or the Department may request and is entitled to receive a postponement of a scheduled hearing. The postponement cannot exceed 30 days unless agreed to by both parties.

►CONTINUATION OF BENEFITS

A hearing request filed within the period between the date the TEAMS notice of adverse action was mailed and the effective date of the action may result in continuation (reinstatement) of benefits until a final hearing decision is rendered.

►

The client has a right to claim good cause for not filing the request for continued benefits timely. (See TANF 1509-1; FMA 1509-1)

►

NOTE: If the notice of adverse action period ends on a weekend or holiday and a request for a fair hearing and continuation of benefits is received the day following the weekend or holiday, the State agency shall consider the request timely.

Medicaid

Continued benefits will be automatic with all fair hearing requests unless the household specifically states they do not want Medicaid coverage while the hearing is pending.

TANF

Continued benefits must be specifically requested in order to receive them.

Benefits cannot be continued if the issue is one of State or Federal law or policy.

►

NOTE: Household receiving extended TANF benefits are not entitled to continued benefits during the fair hearing process as the 60 month federal time limit is a matter of federal law.

►

The Department (OPA) must clearly and thoroughly explain the claimant's responsibility to repay benefits received during the hearing process if the adverse action is upheld.

If the decision is in favor of the Department, recovery of benefits issued during the continuation period must be initiated, if appropriate, and/or the adverse action imposed.

►

Changes reported during continuation of benefits should be acted upon according to change reporting policy. (See 'Reduction of Continued Benefits' below).

REDUCTION OF CONTINUED BENEFITS

Once benefits are continued or reinstated, do not reduce or terminate benefits prior to the official hearing decision unless:

1. Eligibility ends for failing to meet any other eligibility requirements or time-limits are reached, such as the redetermination period expires and the household fails to complete the redetermination process for ongoing benefits;

► **NOTE:** See TANF 702-4 for more information regarding eligibility requirements for continuation of benefits.

► 2. A change affecting the participant's eligibility occurs while the hearing decision is pending and the filing/assistance unit fails to request a hearing after the subsequent notice of adverse action;

3. The Hearing Officer makes a preliminary determination (in writing and at the hearing) that the sole issue is one of State or Federal law or policy and no issue of improper benefit calculation, misapplication, or misinterpretation of State or Federal law or policy exists; or,

4. A mass change affecting the participant's eligibility or benefit level occurs while the hearing decision is pending.

MASS CHANGE CONTINUATION

A mass change occurs when changes in either State or Federal law require automatic benefit adjustments for classes of recipients. When benefits are reduced or terminated due to a mass change, continue benefits at the prior amount only if the issue being contested is that:

1. Eligibility or benefits were improperly computed; or,

2. Federal law or regulation was misapplied or misinterpreted.

►DURATION OF CONTINUED BENEFITS

Continue benefits if all financial and nonfinancial requirements are met with the exception of the issue in dispute:

1. until a hearing decision is rendered, **OR**

2. until the claimant exhausts the available administrative remedies which includes the appeal to Board of Public Assistance, **OR**

3. the time for appeal to the Board has passed without either the claimant or the Department appealing to the Board.

PROCEDURE

Responsibility	ACTION
Eligibility Case Manager	1. Assist the applicant/participant in submitting the hearing request, if necessary.
►	2. If the request is submitted to the county office, forward it to the Office of Fair Hearings that day or the following day. Notify Central Office of the hearing request.
	3. Advise the claimant of any free legal services that may be available (this information is on the 'Request for Fair Hearing' form).
	4. Upon request, make available without charge the specific materials (including the hearing rules) necessary for a claimant or his/her representative to prepare for the administrative review and/or hearing.
Claimant/ Representative	5. Complete the 'Request for Fair Hearing' form or write a similar request for a hearing. Include the following information on the request: a. To which program (e.g., TANF Cash or Medicaid, etc.) the request relates; b. What adverse action was taken; and, c. The client's name and address.
►	6. Mail the request to: Department of Public Health and Human Services Office of Fair Hearings P. O. Box 202953 Helena, Montana 59620-2953
Eligibility Case Manager	7. Reinstate and/or continue benefits as appropriate.
	8. Advise the claimant of the requirement to repay all benefits received while awaiting the hearing decision, if the decision is not favorable.
►	9. Upon receipt of the notification from the Office of Fair Hearings of a hearing request, schedule an administrative review within the stated time lines (TANF 1506-2).

DB/KQ/NC/CC

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Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: Administrative Reviews

► **Supersedes:** TANF (01/01/06), FMA and MA 1506-2 (05/01/01)
Bulletins FMA-36 and SMA-B-61

► **References:** ARM 37.5.101; 103; 303; .304; .305; .307; .313; .316; .318; .322; .325; .328; .331; .334; .337; .503; .505
ARM 37.82.101; ARM 37.78.102
42 CFR 431.200 through .246; 45 CFR 205.10

GENERAL RULE--An Administrative Review is a meeting between an OPA representative and the applicant/participant (claimant) and/or his/her representative, for the purpose of resolving a dispute on the Department's action, to possibly avoid an unnecessary hearing, or diminish confusion at the hearing. An Administrative Review will:

1. Identify the issues related to the adverse action; and

2. If possible, resolve questions and issues relating to the adverse action to the claimant's satisfaction.

► **NOTE:** Central Office completes all Administrative Reviews for TANF extended benefits denials or closures related to the household failing to meet extension criterion.

REVIEW TIME FRAME

An Administrative Review must be held, completed, and a report submitted to the Hearing Officer within twenty (20) calendar days from the date the Hearing Officer mails the Review Request to the OPA authority

► or Central Office, unless an expedited review is requested.

► **NOTE:** The Administrative or Expedited Review will be held at the OPA maintaining the claimant's case or at any other location accessible and agreeable to all parties.

► **NOTE:** An Administrative Review may also be conducted by phone. This is an exception to routine procedure and is used only if the individual or his/her representative is unable to come into the OPA for an in-person meeting or if Central Office is conducting the review.

▶FORM DPHHS-LS-007

The Office of Fair Hearings sends form DPHHS-LS-007, "Administrative Review Report" to the OPA or Central Office as notification of the hearing request. Upon receipt of this form, the reviewer must schedule the Administrative Review. Once the Review is completed, waived, or withdrawn, the reviewer completes the bottom portion of the form and returns it to the Office of Fair Hearings within 20 days of the date the original DPHHS-LS-007 was mailed from the Hearings Office.

▶ **NOTE:** Obtaining a verbal request for a fair hearing withdrawal is not to be used as a substitute for conducting an in-person Administrative Review, unless the individual or his/her representative is unable to come to the OPA. The OPA must make an attempt to meet with the claimant to present an opportunity to share information and to fully respond to concerns regarding the adverse action taken.

▶EXPEDITED REVIEWS

The OPA representative shall offer an expedited Administrative Review to claimants who contest a denial of Emergency Assistance.

▶ The Administrative Review for the Emergency Assistance denial must be held within five (5) calendar days from the date of the hearing request.

▶ **NOTE:** To meet the time limits, the review may be conducted by telephone in those areas that require substantial travel to conduct an in-person review. The Office of Fair Hearings must be informed of any delay in completing the review.

GROUP REVIEWS

An Administrative Review may be held for a group when the:

1. Claimants agree to participate in a group rather than as individuals;
2. Cases involve related issues of state and/or federal law, regulations or policies; and
3. Claimants (or representatives) involved must each be allotted time to present his/her case.

▶RESCHEDULING ADMINISTRATIVE REVIEW

The claimant is given a reasonable opportunity to reschedule the Administrative Review. An additional opportunity is given for good cause. An Administrative Review will not be rescheduled if the claimant fails to appear without good cause. (TANF 1509-1)

CLAIMANT REPRESENTATION

The claimant may be represented by:

1. Him/herself; or
2. An authorized representative, such as:
   a. Legal counsel; or
   b. A relative, friend, or other spokesperson.

►COUNTY/DEPT. REPRESENTATION

The OPA/Department is represented by an OPA staff member such as the County Director (or designee) and/or Regional or Central Office Policy Specialist. When the issue in dispute is complex and/or appears to have legal ramifications, the County Director/Designee shall contact the appropriate Regional Policy Specialist. The RPS, or after consultation, a Central Office Policy Specialist, will request assistance from the Department's Office of Legal Affairs. For example, issues related to funds placed in trusts or resource accessibility, or if the claimant has indicated his/her legal counsel wishes to address state or federal law.

If the Hearing Officer requests a legal brief from all parties, the County Representative shall contact the Office of Legal Affairs and request them to prepare the brief.

NOTE: The eligibility case manager who processed the case may attend the Administrative Review, but cannot act as the OPA representative.

►REVERSAL/ MODIFIED ACTION

At any time during an Administrative Review, an adverse action may be reversed or modified by the local OPA if circumstances warrant such action. In that case, a hearing will not be held unless the claimant protests the modified adverse action and requests that the hearing be held. If the claimant is satisfied with the modified/reversed determination, the claimant's signature (or verbal agreement for TANF) on a withdrawal of the appeal is necessary.

EFFECT ON HEARING RIGHTS

An Administrative Review does not diminish, delay or void the claimant's right to a fair hearing. When the Administrative Review does not resolve questions and issues relating to the adverse action to the claimant's satisfaction, the Hearing Officer must proceed with the hearing.

►TELEPHONE ADMINISTRATIVE REVIEW

If the Administrative Review is held by telephone, the OPA mails form DPHHS-LS-007 to the claimant to obtain the withdrawal signature and indication of whether the individual wishes to withdraw or proceed to the fair hearing.

Request the claimant to return the form to OPA or the Office of Fair Hearing within five (5) calendar days.

If form DPHHS-LS-007 is not returned within five (5) days:

▶ 1. **TANF**
The OPA contacts the Office of Fair Hearings, indicating that the attempt to obtain the claimant's signature was unsuccessful. If a verbal withdrawal was given at the telephone Administrative Review, provide this information to the Office of Fair Hearings. If the issue was not resolved at the telephone Administrative Review, indicate such and a hearing date will be set.

▶ 2. **Medicaid**
A verbal withdrawal is not allowed. The fair hearing must be held if the claimant does not sign the form DPHHS-LS-007 or provide a signed written statement of withdrawal.

▶FAILURE TO APPEAR

When the claimant (or representative) fails to appear for an Administrative Review, the OPA will:

1. Complete form DPHHS-LS-007, "Administrative Review Report ", and

2. Distribute it according to the instructions on the bottom of the form.

The Hearing Officer will proceed with the hearing schedule and notify the claimant.

▶CLAIMANT WAIVES ADMINISTRATIVE REVIEW

The claimant (and/or representative) has the right to waive an Administrative Review. When the claimant chooses to do so, all exhibits and other pertinent items including a signed form DPHHS-LS-007, "Administrative Review Report," are forwarded to the Office of Fair Hearings, Helena. For TANF, a signed form is not necessary if a verbal request to waive the Administrative Review has been made.

PROCEDURE

Responsibility	ACTION
Hearing Officer:	1. Upon receipt of the claimant's hearing request, complete the top portion of form DPHHS-LS-007, "Administrative Review Report" and send to the OPA.
	2. Notify the claimant that an Administrative Review will be scheduled with the local OPA representative(s) within 20 calendar days.

►OPA/Central Office 3. Upon receiving form DPHHS-LS-007:

a. Schedule the review within the appropriate time lines;

NOTE: If either the claimant or the county has good cause to delay the Administrative Review, the Fair Hearings Office must be informed.

b. Notify the claimant;

c. Confer with the eligibility case manager who processed (or is processing) the case;

d. Gather exhibits (documents, etc.) substantiating the adverse action; and

e. Research and collect pertinent legal cites (e.g., ARMs, CFRs, etc.) and, if necessary, review the action with the Regional and/or Central Office Policy Specialist.

►Department Representative: 4. Open the Administrative Review by:

a. Stating its purpose and scope;

b. Reminding the claimant the review has no effect on the right to a fair hearing;

c. Explaining the client's:

►

i) Right to continued benefits pending the Fair Hearing decision, <u>if applicable</u>; and

ii) Responsibility to repay continued benefits if the adverse action is upheld.

Claimant/ Representative: 5. Explain why a hearing was requested.

►Department Representative: 6. Explain why the adverse action was taken.

7. Provide documentation in support of the adverse action.

8. Provide clarification of state policies and regulations that may not be entirely understood.

9. Explain the laws and regulations under which the agency operates.

All Participants:	10.	Reach a mutually acceptable solution within 20 days or proceed to the hearing.
▶ Department Representative:	11.	Upon completion of the review, complete, sign and date "Reviewer's Narrative" section of form DPHHS-LS-007. The narrative must include a brief summary of both the Department's and the claimant's positions. If the review is conducted by telephone, send a completed DPHHS-LS-007 to the claimant with instructions to sign and return it to the OPA or the Office of Fair Hearings.
Claimant/ Representative:	12.	Complete, sign and date the "Results of Administrative Review" section of form DPHHS-LS-007 indicating whether the individual wishes to withdraw or proceed to hearing.
▶ Department Representative:	13.	If the resolution: a. <u>Is favorable to the claimant</u>, take action within ten (10) days correct any benefits which were underissued/underpaid and forward the DPHHS-LS-007 to the hearing office; or b. <u>Sustains the adverse action</u>, forward DPHHS-LS-007 to the hearing office and continue benefits, if appropriate. Inform the Hearing Office of any scheduling conflicts.
Hearing Officer:	14.	If the issues were not resolved: a. Set the time and place for a Fair Hearing; and
▶		b. Notify the claimant and OPA/Central Office.

DB/KQ/NC/CC

ΦΦΦ

Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: Fair Hearing Procedure

►Supersedes: TANF 1506-3 (07/01/03); FMA and MA 1506-3 (12/01/98)

►References: ARM 37.5.101; 103; 301; .304, .305; .307, .313; .316; .318; .322; .325; .328; .331; .334; .337; 503; 505
ARM 37.82.101; ARM 37.78.102
42 CFR 431.200 through .246; 45 CFR 205.10

GENERAL RULE--The Department is responsible to assure the individual's right to due process and the right to a hearing as stated in Section 1506-1. An impartial official of the Department who has not been directly involved in the initial determination of the action in question conducts hearings. To meet due process standards, the Department has adopted these procedures.

EXCEPTION: A hearing need not be granted when either State or Federal law requires automatic benefit adjustments for recipient groups, unless the reason for an individual appeal is incorrect benefit computation.

►HEARING SITE

All parties to the hearing congregate at one location. The hearing may be conducted by either a:

1. telephone conference call with the Hearing Officer in the Office of Fair Hearings;

2. face-to-face hearing, if a request for one is made by the claimant/representative, in which case:

   a. All parties to the hearing and the Hearing Officer are at the same location and

   b. The Hearing Officer will conduct the hearing in person.

► **NOTE:** Unless all parties agree to a different location, hearings are held in the local OPA maintaining the claimant's case.

GROUP HEARINGS

The Hearing Officer may respond to a series of individual requests for hearings by conducting a single group hearing. Such action is appropriate when:

1. The claimants involved agree to participate in a group rather than have an individual hearing;

2. The cases involve related issues of state and/or federal law, regulations or policies; and

   NOTE: These related issues must be the only ones to be heard.

3. The claimants/representatives involved are each allotted time to present their case.

HEARING RECORD & TRANSCRIPTION

The hearing must be recorded and may have to be transcribed. The OPA is responsible for recording the proceedings and the transcription of the proceedings.

NOTE: Transcription is necessary only when a case is appealed to the Board of Public Assistance or upon a participant's request.

When a hearing is transcribed:

1. Text must be accurate. That is, neither words nor grammar can be changed from what was actually said;

   NOTE: Words such as "uh" or "um" can be left out.

2. The last page must contain the statement: "I hereby certify that the above is a true and correct transcription of the Fair Hearing for (name of claimant). This transcript was prepared by (name of the typist preparing the transcript)";

3. Statement must be signed by transcriptionist; and

4. All pages must be numbered.

►SCHEDULING A HEARING/ NOTICE TO CLAIMANT

The Hearing Officer will send timely notice to the claimant/authorized representative by certified mail of the time, date, and place of the hearing. The claimant may request an earlier date as stated in Section 1506-1.

CLAIMANT'S RIGHTS AND ROLE

The claimant and/or representative has the right to examine the contents of his/her case file at any reasonable time prior to the hearing as well as during the hearing.

►

NOTE: Counties will be required to provide copies of all exhibits they plan to enter into the record to the claimant and Fair Hearing Officer at least five days prior to the hearing.

► **NOTE:** Upon request, make available without charge the specific materials necessary for a claimant or his/her representative to prepare for the administrative review and/or hearing.

The claimant/representative may not examine those portions of the case file which:

1. are precluded by federal regulation;
2. are precluded by directive of a medical professional; or
3. contain confidential information about someone other than the claimant.

The claimant/authorized representative may:

► 1. examine all materials the department intends to introduce at the Fair Hearing;
2. present his/her case to establish all pertinent facts and circumstances;
3. bring witnesses and/or legal representation;
4. advance arguments without undue interference;
► 5. submit evidence to establish all pertinent facts and circumstances in the case at least five days prior to the hearing (evidence presented during the hearing must be considered even if it was not submitted five days prior to the hearing); and,
6. question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

►DEPARTMENT 'S ROLE The County Director, designee or Central Office must attend the hearing and present the case for the Department. All employees of the OPA who were involved in making the decision being appealed or who have information relevant to the issues in dispute should also attend the hearing. In addition, the DPHHS attorney, regional and/or central office policy specialist, or other authorized Department representative may attend the hearing and present or participate in the case presentation.

► When the issue in dispute is complex and/or appears to have legal ramifications, the County Director/Designee shall contact their Regional Policy Specialist. The RPS, or after consultation, a Central Office Policy

Specialist, shall request assistance from the Department's Office of Legal Affairs. For example, issues related to funds placed in trusts or resource accessibility or if the claimant has indicated his/her legal counsel wishes to address state or federal law.

► If the Hearing Officer requests a legal brief from all parties, the County Director/Designee shall promptly contact the Office of Legal Affairs and request them to prepare the brief.

The Department's representative may:

1. examine all materials the claimant intends to introduce at the hearing;

2. present its own evidence;

► **NOTE:** Counties will be required to provide copies of all exhibits they plan to enter into the record to the claimant and Hearing Officer at least five days prior to the hearing.

3. bring witnesses to testify on the Department's behalf;

4. question or refute testimony of the claimant/authorized representative and his/her witnesses; and

5. confront and cross-examine the claimant/authorized representative and his/her witnesses.

►MATERIALS PRESENTED

The Department shall introduce only documents, records, papers, and materials which were previously available for examination by the claimant/representative. Documents or records which the household will not otherwise have an opportunity to contest or challenge, shall not be introduced at the hearing or affect the hearing officer's decision.

EXCEPTION: The Hearing Officer may request a document, etc., to be made part of the record during the hearing. The claimant is then given time to review such evidence generally during a brief recess of the hearing.

► **NOTE:** Evidence of hearsay (e.g., letters from doctors, neighbors or family members when the letter writer is not present at the hearing) may or may not be allowed. Whenever possible, It is preferable that the individual attend the hearing. Notarized affidavits are preferable to letters because the hearing officer will give more weight to a notarized affidavit.

HEARING OFFICER'S ROLE

The Hearing Officer may require

1. Witnesses;

2. A party to comply with reasonable and appropriate orders or requests not in conflict with the rules and necessary to assure the orderly conduct of pre-hearing and hearing procedures or to avoid unnecessary proceedings or expense;

3. Depositions upon oral examination, or written questions;

4. Written interrogatories; and,

5. Other materials as necessary for the hearing;

NOTE: For this purpose, the Hearing Officer may, upon request of any party to the hearing, issue subpoenas for witnesses or subpoenas duces tecum.

The Hearing Officer has the right to

1. Disqualify himself at any time on the filing of a timely and sufficient affidavit of personal bias or other disqualification;

2. Direct the parties to appear and confer in a pre-hearing conference to consider definition and simplification of the issues or other matters to aid in the orderly and efficient conduct of the hearing;

3. Allow, for good cause shown, a third party to represent a claimant as an authorized representative in those instances where written authorization of the claimant is not obtainable;

4. Take judicial notice of state and federal laws and regulations and facts within the general knowledge of the public; and,

5. Grant summary judgment according to the provisions of Rule 56, Montana Rules of Civil Procedure.

The Hearing Officer will:

1. administer required oaths or affirmations;

2. consider all relevant issues;

3. request, receive and make part of the record all evidence presented;

4. regulate the conduct of the hearing consistent with due process to ensure an orderly hearing; and

5. render a decision in the name of the Department's Board of Public Assistance consisting of:

   a. findings of fact,

   b. conclusions of law, and

   c. a recommended order deciding the case based on the evidence and testimony in the hearing record.

►ACTION ON DECISION

The Hearing Officer's decision will be made within ninety (90) days from the date of the request. The decision becomes final unless the Department or the claimant appeals the decision within fifteen (15) days of the mailing of the Fair Hearing decision (Section 1506-4).

NOTE: No action can be taken on the case until the fifteen (15) day limit for appeal has passed.

After the appeal period has passed and no appeal has been filed with the Board of Public Assistance, if the decision is:

1. favorable to the claimant, the county must correct any under issuance of benefits within ten (10) days, or

   NOTE: The county may take longer than ten (10) days if it elects to make the issuance correction in the next benefit month's issuance.

2. favorable to the Department (action is upheld), the county must establish an overissuance/overpayment claim to recover benefits issued pending the decision, if appropriate, and/or impose the adverse action prior to the next benefit issuance if timely notice can be provided.

►

NOTE: When the decision is regarding a TANF cash assistance sanction or ineligibility month action see TANF 702-4.

CLAIMANT'S WITNESS EXPENSES

The Hearing Officer may order the Department, or the local office where appropriate, to pay witness fees, mileage and other actual and necessary expenses of a witness subpoenaed at the claimant's request; if, in the judgment of the Hearing Officer, the witness's testimony is essential to the claimant's case.

The Hearing Officer may order, where relevant and useful, an independent medical assessment or professional evaluation from a source satisfactory to the claimant and the Department. The costs shall be paid by the Department, or where appropriate, the local office.

HEARING RECORD

A record of the hearing proceedings is compiled. The hearing record is made up of:

1. the Hearing Officer's decision;
2. the verbatim transcript (if requested) or recording of testimony and exhibits; and
3. all exhibits, papers, and requests filed in the proceeding.

The record is available to:

1. the claimant at a place accessible to him/her at a reasonable time for inspection and copying.

   NOTE: The place may be the OPA or other location acceptable to all parties.

2. to the public for inspection and copying.

   NOTE: Client name, address and any other identifying information must be kept confidential.

PROCEDURE

Responsibility	**ACTION**
Hearing Officer:	1. Schedule a Fair Hearing after: a. the county has conducted an Administrative Review (Section 1506-2); and b. the completed form DPHHS-LS-007, "Administrative Review Report" indicates the issues were not resolved at the Administrative Review level and the claimant wishes to proceed to hearing.
▶OPA Office:	2. Arrange for a cassette recorder and tape to record the hearing.
Hearing Officer:	3. Initiate the proceedings by:

a. informing participants that the hearing is being recorded;

b. introducing him/herself and giving location for the record;

c. stating the case name and number;

d. requesting each individual present to state their name, role in the hearing and location;

e. observing any problems in voice transmission and arrange for a change in positioning of the microphone, if necessary;

f. explaining the procedure, the right to speak and cross-exam, and the order of the proceedings; and

g. advising those present to speak clearly, one at a time, and to identify him/herself before speaking.

OPA Office: 4. Begin recording the proceedings.

Hearing Officer: 5. Administer the oath; each person acknowledges the oath by voice.

OPA Office: 6. Explain:

a. what the adverse action is;

b. why the adverse action was taken; and

c. why the Fair Hearing was requested.

7. Present information, documentation, witnesses, legal argument, and legal cites in support of the adverse action.

▶ Hearing Officer 8. Allow the claimant/representative to question the county representative and witnesses.

Claimant/ Representative: 9. Present all pertinent facts, circumstances, information, documentation and legal cites in support of his/her position.

▶ Hearing Officer: 10. Allow the county to question the claimant/representative and witnesses.

11. Conclude the hearing and inform the claimant a decision will be made within the appropriate time lines (Section 1506-1).

12. Also inform all parties, if the decision is not satisfactory, an appeal must be filed within 15 days of the mailing of the decision (Section 1506-4).

OPA Office:

13. After the 15-day time limit for filing an appeal has elapsed, take appropriate action based on the decision made.

DB/KQ/NC/CC

ΦΦΦ

Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: CASE MANAGEMENT Subject: Board of Public Assistance Appeal and Judicial Review

► Supersedes: TANF1506-4 (12/1/98), FMA and MA 1506-4 (12/1/98)

► References: ARM 37.5.331 and .334
ARM 37.78.101; ARM 37.78.102
42 CFR 431.200 through .246; 45 CFR 205.10;

► GENERAL RULE--Any party to a fair hearing who does not agree with the hearing decision may appeal the decision. The appeal must be presented to the Board of Public Assistance, hereafter referred to as the Board.

NOTE: If the party does not agree with the Board's final decision, they may seek judicial review of the decision.

► APPEAL REQUEST

A request to appeal the hearing decision must be received within 15 days of the date of mailing of the decision. If a request is not filed within the 15-day period, the decision becomes final unless the party can show that failure to appeal timely was for good cause (Section 1509-1). If the party shows good cause, the 15-day period is extended, but in no event shall the time period extend beyond 45 days.

1. The claimant and/or authorized representative is given an opportunity to:

   a. file exceptions;
   b. present briefs; and
   c. present oral arguments.

► 2. The Department is given an opportunity to appeal also. The Department is represented by the Office of Legal Affairs. The attorney will:

   a. file exceptions;
   b. present briefs; and
   c. present oral arguments.

► CONTINUING BENEFITS

Continue benefits, if appropriate, (Section 1506-1) until the end of the month in which an adverse determination by the Hearing Officer is proposed. If the claimant files a request for Board appeal within 15 days, continue benefits, if appropriate through the end of the month in which the final decision is reached by the Board.

► BOARD

The Board will render a decision after considering:

REVIEW

1. the Fair Hearing Officer's Proposed Decision;
2. exceptions filed;
3. briefs received;
4. oral arguments; and
5. the hearing record.

► The Board's decision must be made within ninety (90) days from the date of the original fair hearing request.

►NOTICE OF BOARD DECISION

The Board will notify the following of its decision:

1. the claimant;
2. the local county office; and
3. any other interested party.

► **NOTE:** The claimant and any other party will also receive notification of the right to Judicial Review.

IMPLEMENTING DECISION

If the Board's decision is:

1. favorable to the claimant, within ten (10) days, the OPA must take action to correct any under issuance/payment of benefits; or

2. favorable to the Department, within ten (10) days, the OPA must take the appropriate action to recover the amount of any benefits received and/or impose the adverse action.

NOTE: If the claimant seeks judicial review, suspend recovery of benefits pending the outcome of the judicial review.

JUDICIAL REVIEW

A party to an appeal who does not agree with the Board's final decision may seek judicial review of that decision. The party must file a petition in the district court within thirty (30) days after receipt of the Board's final decision notice.

► **NOTE:** A "party to an appeal" includes the claimant or authorized representative, a real party in interest, or the Department.

NOTE: Do not continue benefits to the claimant during the judicial review except by court order.

DB/KQ/NC/CC

ΦΦΦ

Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: Case Notes

Supersedes: FAIM, FMA, FS and MA 1507-1 (10/01/02)

►References: 45 CFR 206.10; 7 CFR 273.12 and 273.2 (f); ARM 37.82.101 & .78.102

► GENERAL RULE--Case files must be documented on system (TEAMS) case notes to support actions taken and decisions made concerning eligibility/benefit determination and current status of the case. Documentation must be in sufficient detail for a reviewer to determine the reasonableness and accuracy of the actions taken.

►DEFINITION: A clear, concise, complete, objective journal entry of significant facts, which justify actions taken, and supports eligibility decisions made by Eligibility Staff and case management actions by WoRC staff.

►LEGAL RECORD **Case notes are a legal record of the Department's actions.** They have been used as evidence in various settings including DPHHS fair hearings and Program Integrity fraud prosecution/Administrative Disqualification Hearings.

TEAMS case notes serve the following purposes:

1. Chronicle a series of events;
2. Summarize non-financial and financial eligibility requirements;
3. Outline actions in cases of noncompliance;
4. List types and results of referrals;
5. ► Describe development and progress of FIA/Employment Plan (EP) activities;
6. Monitor compliance with eligibility and FIA/EP or Food Stamp Employment and Training (FSET) requirements;
7. Record TANF Cash Assistance and FS ABAWD time-limits; and
8. ► Document the family's progress in finding alternatives to public assistance, identify barriers to employment and how they were addressed. Identify and facilitate the family's access to services.

► Case notes are extremely important to document services provided to households with less than 12 months remaining on their time clock and for determination of TANF Extended Benefits. Good documentation of activities, successes and failures will have an important bearing on the determination of benefits beyond 60 months.

CASE NOTE ACCESSIBILITY Upon request, case records, including case notes, are available to the filing unit and/or, if a release is provided, to their authorized representative. Case notes may also be viewed by other individuals involved in the eligibility determination such as the WoRC Case

Managers, Policy Specialists, Program Compliance Auditors, Regional Quality Assurance Reviewers, Food Stamp Employment and Training Case Managers, etc.

➤ Many Department personnel have system security allowing inquiry only. These individuals have security clearance to review case notes and investigate the case circumstances and all information as part of their job duties. These duties may include:

1. Third-party liability information;
2. Fraud and recovery;
3. Program compliance;
4. Time clock adjustments;
5. Fair hearings;
6. Fiscal data;
7. TANF out-of-state inquiries;
8. Policy clarifications;
9. Federal reporting requirements; and
10. System programmer adjustments.

➤AMENDING CASE NOTES/ SECURITY

Certain individuals engaged in administering public assistance programs and case management have system security that allows them to record their specific actions on the CANO screen. These individuals are:

1. Office of Public Assistance (OPA) eligibility staff;
2. WoRC/FSET Case Managers;
3. Specific regional and Central Office staff;
4. System programmers; and
5. Claims and Recovery Unit staff.

➤ Case notes are a legal record of case history. A case note should only be changed or updated by the original author the same day it is entered. If it is later determined an error was made in a case note, an **amended case note** needs to be entered to document the change or correction.

➤CASE NOTE CONTENT

Case notes should be clear, concise, brief and answer the following questions.

- **Who . . .** provided the information/reported the change?
- **What . . .** information/source of the information?
- **When. . .** is the information effective/will the change occur/was the report made?
- **Where. . .**will change occur - residence, income, etc?
- **Why . . . .**is the action taken?
- **How . . . .**will the information affect eligibility?

Case note titles must be specific listing the main topic of the note. When there is more than one main topic each topic should be broken into a separate case note. This will make it easier to retrieve specific information at a later date. Such titles might include:

- household composition/joint custody,
- income/self-employment/educational,
- resources/trusts,
- expenses/deductions,
- resource assessment,
- out-of-state TANF/time clock adjustments,
- address change/ Resides on-off reservation,
- ABAWD/ FSET,
- overpayment/IPV/underpayment/supplement,
- QA/ME review findings/corrections,
- intake,
- interfaces,
- felony status,
- WoRC progress,
- HIPAA,
- incurment,
- community spouse,
- essential for employment,
- supportive services,
- emergency assistance,
- extension application,
- at-risk (subjective), and, etc.

Recorded information must be factual and can include statements a client has made. Case notes are required for any issue that is not fully explained by the entry code on the appropriate screen. Case notes should explain any questionable or unusual situations. A case note is required when the verification code of **collateral contact** or **visually verified** is used.

NOTE: Even though resources are listed on the system a brief synopsis of types of resources available or deemed inaccessible and why should be documented at intake and recertification/redetermination. (i.e., vehicles listed on P-Justice that are no longer accessible.) This will make future redeterminations smoother.

Case notes should contain additional explanations and clarifications of circumstances or actions that may be questionable or unclear. The prudent worker must be able to distinguish between information that is relevant and that which is not.

Personal opinions about a family's actions or circumstances should not be noted.

MEDICAL CONCERNS

Case notes regarding medical conditions require extra caution due to both HIPAA guidelines and Medicaid regulations. Only the "minimum necessary" information should be included and this would rarely include an actual diagnosis. The documentation in TEAMS case notes should be more generic, e.g. "serious medical condition present, see case file," or "medical condition present that restricts activities, see case file," or "mental health issues present, see case file." Those references alert subsequent case managers to investigate when planning later participation activities and also assist Central Office in extended benefit application considerations. It is important to be especially cautious in case notes with medical information that has the potential for discriminatory action by others if disclosed.

Medical conditions should not be listed unless required for eligibility purposes and even then general terms should be used. e.g. blind (See 801-2 for guidance on TANF at-risk/extension case notes.

GUIDELINES

The following is a partial list of some circumstances requiring a system case note. The list for each phase of the eligibility determination and case management is to be used as a guide and not as an all-inclusive list.

APPLICATION/REDETERMINATION INTAKE

1. List programs involved and household composition.

2. Details of interview:
   a. Who was present or why an interview did not take place for Medicaid;
   b. Why the household needs public assistance (general terms);
   c. Unusual/questionable circumstances;
   d. What community resources were discussed/shared (i.e., MA 165 Medicaid Recipient Handbook);
   e. What referrals were made and
   f. What forms/resources were provided.

ELIGIBILITY REQUIREMENTS

1. Non-financial:
   a. Explanation to support disqualifications/ineligibility such as alien status, TANF sanctions, unusual FS situation etc. ;

b. Reasons surrounding delays in processing;
c. Unusual TANF or FMA situations such as teen parent living arrangement or caretaker relative other than natural, adoptive or stepparent;
d. Unusual FS situations such as student status, separate household status, questionable work registration or ABAWD status; and
e. TANF Cash Assistance time clock, at-risk or TANF extension status.

2. Financial requirements that are not fully explained by the entry code on the appropriate TEAMS screens:
   a. Income - countable and excluded;
   b. Resources- countable, excluded and/or inaccessible/jointly owned;
   c. Vehicles-countable or excluded, licensed or unlicensed;
   d. Transfer of resource (FS and MA- aged/blind /disabled only); and
   e. Explain questionable/unusual situations.

3. Income budgeting methodology used:
   a. Explain method used and why;
   b. Identify sources of income - earned and unearned;
   c. Earned income - hours worked, rate of pay, pay date(s), employment start/end dates, employer(s), calculations; and
   d. Explain questionable/unusual situations

4. Expenses/Disregards that are not fully explained by entry codes on system:
   a. Child support payments;
      - Paid to whom?
      - What is amount legally obligated and amount paid?
   b. Dependent care;
      - Who is providing care, if known?
      - What is third party payment vs. co-payment?
   c. Shelter costs (FS); and
      - Whose obligation?
      - Is it shared, actual, SUA?
   d. Medical expenses (MA, FMA, and FS);
      - Whose expense?
      - What expenses and method used to determine amount?
      - Allowed as a deduction? why or why not?

NEGOTIATING/RENEWING THE FIA/RP and TIME CLOCK ADJUSTMENTS

1. Who needs to complete a FIA/EP;
2. Goals, barriers and progress related to self-sufficiency or at-risk plan;
3. Child care needs - hours/week/month; which child(ren);
4. Monitoring tools (calendars, time sheets, etc.);
5. Conciliation /Sanction activities; and
6. Current time clock and retroactive time clock adjustments.

ELIGIBILITY CASE MANAGEMENT

1. Change reports and other related changes;
2. Essential For Employment requests;
3. Requests for Extended TANF benefits and claimed extension criterion;
4. Requests for retro-Medicaid;
5. Transferring, closing or other program requests;
6. ADH/IPV investigations;
7. Over/Under payments/issuance;
8. Fair Hearing requests and decisions; and
9. Referral to other community/agency resources.

WORC CASE MANAGEMENT

At minimum, TEAMS case notes are mandatory in the following instances:

1. Initial enrollment/delayed engagement;
2. Employment gained or lost;
3. Non-compliance triggers outreach/conciliation;
4. Home visit completed;
5. Sanction recommended;
6. Monthly progress notes/evaluations or assessments completed;
7. 90-day review of employment plan for long-range progress;
8. Hours reconstructed for reconciliation; and
9. Closure notes of progress, future plans, and resolutions if applicable.

SYSTEM GENERATED

Currently there are three system generated case notes. They are: "Supportive Services"; "Emergency Assistance Payment" and "Work Support Payment". The details of eligibility for such payments still must be case noted by either WoRC or Eligibility Case managers.

➢HIPAA COMPLIANCE

A separate case note needs to be entered titled "HIPAA" (Health Insurance Portability and Accessibility Act) stating the HIPAA notice was sent to the client and not returned as undeliverable. This notice is not a system notice but instead a form; "HIPAA Privacy Notice" form # HPS-400.

➢TEAMS PROCESS

To create a case note:

- Press F10 to display the Case Notes (CANO) screen. TEAMS will default to the case number on which you are working.
- Type a note title in the DESCRIPTION field that briefly identifies the CANO content.
- Enter the information.
- Press ENTER.
- **Press F6 to word wrap the note**. This is **extremely helpful** because it makes the case notes easier to read and presents a professional, understandable case history for Fair Hearings and case reviews. (If you want a space between lines of text, move cursor to new line and enter text. Then press enter and F6 again.
- When completed, press F9 to exit CANO. TEAMS will return to the screen previously worked.

To review Case Note History, Next to the CANS screen.

If working in Case 'A' and need to enter a case note in Case 'B', press F10 to display the CANO screen. On CANO enter the case number for Case 'B' and complete the case note as described above. Press F9 to exit CANO. TEAMS will return to Case 'A' to allow work to continue.

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Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: Program Compliance Reviews (a.k.a. Quality Control Reviews)

Supersedes: TANF 1508-2 (2/1/02)

References: 45 CFR 205.40; ARM 37.78.102; 37.78.227

GENERAL RULE--Program Compliance (PC) Reviews are conducted on a statistical sampling of cases. The reviews provide:

1. a systematic method for measuring the accuracy of eligibility determinations;

2. a basis for determining error rates;

3. information to base corrective action plans at all levels of administration; and

4. a basis for establishing the State Agency's eligibility for FS enhanced funding or liability for excessive error rates.

SHARED GOALS: The Public Assistance Bureau and the Program Compliance Unit share the common goal of improving the payment accuracy of cases by:

1. making every reasonable effort to demonstrate that each case selected for review is eligible and receiving the correct benefits; and

2. maintaining the integrity of Program Compliance rules and regulations.

►FAILURE/ REFUSAL TO COOPERATE

When an individual refuses or fails to cooperate with the PC review, the PC Supervisor will send a letter to the appropriate county informing the county of the client's refusal/failure to cooperate.

►

If the individual is receiving TANF cash assistance, the OPA Eligibility Case Manager must send timely notice of adverse action and close the TANF cash assistance for non-compliance with the PC review, which is a non-financial eligibility requirement (TANF 300).

NOTE: For TANF cash assistance, the non-compliance can be based on a PC review for any program, including MA and/or FS.

►ELIGIBIILTY REESTABLISHED

Eligibility for TANF cash assistance may be re-established if the individu

1. Reapplies for TANF and provides all information necessary to determine eligibility for TANF cash assistance, **if the non-compliance was with a Medicaid review;** or

2. Reapplies for TANF and is in compliance with the **FS review or the time frame for compliance with the FS review has expired**.

   NOTE: The time frame for compliance is included on the non-compliance letter sent to the OPA. If you are still unsure of the time frame, please contact PC.

EXAMPLES OF NON- COMPLIANCE

Program Compliance considers the household to be in non-compliance if the client refuses to provide the reviewer with any information needed to complete the review. When a household is in non-compliance with a review, a certified letter is sent to the household and a copy is sent to OPA.

PROCEDURE

Responsibility:	**ACTION**
County OPA	1. Sends the case to the Program Compliance Auditor (PCA) within three (3) calendar days after being notified (phone, e-mail or letter) by the PCA that the case has been selected for review.
PC Auditor	2. Returns the case file to the County OPA within three (3) calendar days of receipt.
	3. Reviews information gathered from all sources (e.g., case file, TEAMS, collateral contacts, etc.) and determines whether eligibility was determined correctly.
	4. Contacts County OPA, if needed to:
	a. notify the county if the case was dropped due to inability to locate;
	b. communicate information discovered relevant to any assistance program that could affect eligibility.
	NOTE: Contact will be made immediately if the information could cause a continuing error.

c. provide feedback to allow for correction of errors if one error offsets another error resulting in no dollar error; and

d. work cooperatively with all parties involved in the review process.

NOTE: The Regional Policy Specialist may be consulted by either the County OPA staff (following County protocol) or the PCA.

5. Submits the findings and the PC review file to the PC Supervisor within 45 calendar days after the case was assigned for review.

PC Supervisor

6. Reviews the PCA findings and determines if eligibility was determined correctly.

NOTE: The guideline for PC supervisor review is within 15 calendar days of receipt of the PC review. However, **case files should be forwarded to the next step in this process as soon as possible**. Some steps may take longer than indicated.

a. **When no error is found**, the findings are finalized and a QC-5(a) with a *smiley face* is sent to:

(i) the county OPA; and/or,
(ii) the Regional Policy Specialist.

b. **When an error is found**, the error is explained on a QC-5(a) and copies are sent via E-Mail to:

(i) the OPA County Director;

NOTE: Verifications obtained by PC relative to any identified error are faxed to the County Director.

(ii) the appropriate Regional Policy Specialist; and

(iii) The Central Office Policy Specialist.

NOTE: The hard copy PC file is sent to the Central Office Policy Specialist.

County OPA

7. Completes the QC-5(a) form within 10 calendar days either concurring or not concurring with the error findings.

NOTE: Consults with Regional Policy Specialist as needed prior to completing the QC-5(a).

Central Office Policy Specialist

8. Consults with County OPA staff (and Regional Policy Specialist, if necessary) prior to finalizing the error with the PC Supervisor if the County OPA's rebuttal is not upheld.

9. Reaches consensus on the status of the error within 10 calendar days.

NOTE: If consensus cannot be reached, the decision is made by the Program Compliance and the Public Assistance Bureau Chiefs.

10. Promptly contacts the County Director or designee and explains the reasoning used if the decision goes against the county's rebuttal. (Contact is generally done by telephone.)

PC Supervisor

11. Completes form QC-5(b), which indicates the final error determination and sends it to:

a. the Central Office Policy Specialist;
b. the County OPA; and
c. the Regional Policy Specialist.

County OPA

12. Updates open cases within 15 calendar days and based on information obtained throughout this process, takes all necessary action, including:

a. case closure; and/or,
b. initiation of an Intentional Program Violation (IPV), if appropriate.

NOTE: Underissuances and collections of over-issuances are administered as soon as possible but no later than the quarter in which the error was discovered.

County Director

13. Assures all errors are corrected timely.

Central Office Policy Specialist

14. Tracks error factors in a monthly report for training and planning purposes.

15. Meets and consults with Regional Policy Specialists and Central Office Policy Specialists as needed to share error data and improve payment accuracy.

Regional QA Specialist	16.	Completes a TEAMS review of the error cases 90 calendar days after the QC-5(b) was issued to assure accuracy has been maintained.
	NOTE:	Any unresolved issues related to the PC review are taken to the Field Manager for resolution.

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Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: Good Cause Criteria

Supersedes: TANF 1509-1 (07/01/04)

References: ARM 37.78.102 and .508

► GENERAL RULE--The applicant/participant is provided the opportunity to present **and verify** reason (s) why he/she failed to comply with program eligibility requirements including, but not limited to:

- Participation in allowable work activities;
- Providing verification and documentation of participation in allowable work activities;
- Accepting or maintaining employment;
- Keeping appointments;
- Reporting changes within ten (10) days of knowing of the change;
- Providing information and/or verification necessary to determine eligibility.

► The **reasons and verification** provided by the participant will be evaluated to determine if they meet 'good cause' criteria. If good cause exists, the adverse action is not taken. The Eligibility Case Manager will discuss the circumstances with the individual in an effort to prevent noncompliance in the future. In many instances, this evaluation is immediate and the appropriate action taken promptly with appropriate notice.

For the process on determining good cause when the claim is made after the imposition of a sanction, see TANF 702-2.

►GOOD CAUSE CRITERIA RELATED TO ELIGIBILITY REQUIREMENTS

If the applicant/participant fails to comply with program eligibility requirements as outlined in the General Rule, the following circumstances **must be present and verified by the participant** to avoid the adverse action:

► 1. A temporary severe illness or incapacity of the participant (for the duration of the illness or incapacity) that is verified by medical documentation if available or signed statement from the participant and/or another individual who is aware of the temporary illness or incapacity;

► **NOTE:** Temporary is defined as 2-3 days in duration. If the duration of the temporary illness or incapacity is more then 2-3 days, medical documentation is required.

2. A temporary severe illness or incapacity of another household member sufficiently serious to require the presence of the participant (for the duration of the illness or incapacity) that is verified by medical documentation if available or signed statement from the participant and/or another individual who is aware of the temporary illness or incapacity and the required presence of the participant;

NOTE: Temporary is defined as 2-3 days in duration. If the duration of the temporary illness or incapacity is more then 2-3 days, medical documentation is required.

3. Death of an immediate family member within the 5th degree of kinship (good cause allowed up to a maximum of five working days) verified by a copy of an obituary, funeral card, etc;

4. Temporary inability to obtain necessary child care (through no fault of the participant) verified by a signed statement from a resource and referral agency or other individual familiar with the child care situation;

NOTE: Temporary is defined as 2-3 days in duration.

5. Adverse weather conditions which make travel impossible or unreasonably dangerous as experienced by others in the community;

6. Temporary lack of transportation in a case where the participant cannot reasonably be expected to walk or bicycle because of the distance or the participant's health or physical limitations;

NOTE: Transportation is considered to be available if the participant has the use of a private vehicle, public transportation, or can ride with someone else, provided the participant will not be required to accept a ride under circumstances which would be considered dangerous or unsuitable.

7. The individual is unable to comply due to a current domestic violence situation as verified by a police report, statement from a domestic violence agency or signed statement from another individual who is familiar with the situation; and

8. Any other circumstances which are beyond the individual's control. For example, the participant missed his/her FIA/EP renewal appointment due to becoming employed.

GOOD CAUSE CRITERIA RELATED TO EMPLOYMENT

If a participant terminates, reduces earnings or refuses suitable employment, the following circumstances must be **present and verified by the participant** to avoid the adverse action:

1. A temporary severe illness or incapacity of the participant (for the duration of the illness or incapacity) that is verified by medical documentation if available or signed statement from the participant and/or another individual who is aware of the temporary illness or incapacity;

   NOTE: Temporary is defined as 2-3 days in duration. If the duration of the temporary illness or incapacity is more then 2-3 days, medical documentation is required.;

2. A temporary severe illness or incapacity of another household member sufficiently serious to require the presence of the participant (for the duration of the illness or incapacity) that is verified by medical documentation if available or signed statement from the participant and/or another individual who is aware of the temporary illness or incapacity;

   NOTE: Temporary is defined as 2-3 days in duration. If the duration of the temporary illness or incapacity is more then 2-3 days, medical documentation is required.;

3. The participant has a physical or mental impairment which prevents the participant from accepting or maintaining this employment, as determined and verified by a qualified medical professional involved in the treatment of the individual. A qualified medical professional is defined as an individual who is currently licensed in the State of Montana and is practicing within their field of expertise.

4. The individual is sixty (60) years of age or older.

5. Temporary lack of transportation in a case where the participant cannot reasonably be expected to walk or bicycle because of the distance or the participant's health or physical limitations;

   NOTE: Transportation is considered to be available if the participant has the use of a private vehicle, public transportation, or can ride with someone else, provided the participant will not be required to accept a ride under circumstances which would be considered dangerous or unsuitable.

▶ 6. Temporary inability to obtain necessary child care during employment hours (through no fault of the participant) verified by signed statement from a resource and referral agency or other individual familiar with the child care situation;

NOTE: Temporary is defined as 2-3 days in duration.

▶ 7. Working conditions are unsuitable because of an unreasonable degree of risk to health or safety or lack of worker's compensation coverage;

▶ 8. The individual is unable to comply due to a current domestic violence situation as verified by a police report, statement from a domestic violence agency or signed statement from another individual who is familiar with the situation;

9. The participant lacks the necessary work-related skills for the employment and cannot acquire such skills in time to obtain or retain the employment; and

▶ 10. The wage offered is less than the state minimum wage.

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Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: CASE MANAGEMENT Subject: Case File Retention/Archive/Destruction

Supersedes: TANF, FMA, and MA 1510-1 (01/01/04); FS (04/01/04)

References: 7 CFR 272.1(f); 42 CFR 431.17(c) and ARM 37.78.102 , ARM 37.82.101

GENERAL RULE–Accurate case files must be maintained to ensure all required documentation is available for future reference in accordance with State and Federal regulations. At the same time, files must be maintained to eliminate unnecessary documents and allow the files to be of a manageable size. When case files become an unmanageable size separate volumes may need to be created and stored as a local archive. To reduce postage costs **large case files must be evaluated and reduced prior to case transfer or other mailing.**

NOTE: **Closed case files must also be evaluated and documents destroyed as allowed by policy.**

PRIMARY ORIGINAL RECORDS

Primary original records must be retained for three full **federal fiscal years** (i.e., October 1, 2002 through September 30, 2005). Some documents must be retained longer as indicated later in this manual section.

Primary original records are original information:

1. Generated or created during the application or maintenance process; and,

2. Not otherwise easily retrieved (i.e., application, budget sheets used to determine manually calculated overissuance amounts, etc.).

PERMANENT RECORDS

Documents listed as filed in the permanent records section of the case file (see section 1511-1 "Case File Organization"), which are **not otherwise listed in this section**, must be retained for three federal fiscal years from the date the case **closed**. (See above for federal fiscal year span.)

NOTE: Some items in the permanent records section are not to be destroyed even after three federal fiscal years of closure.

OTHER RECORDS

Other materials containing information relative to eligibility for food stamps, Medicaid or TANF, that are not mentioned elsewhere in this section, must be summarized and recorded on the appropriate TEAMS screens **and** in TEAMS case notes. If a hard copy is provided it should be copied and included in the case record after being coded with an **"HC"**

(hard copy) verification code. For those documents that were viewed but are no longer available, a "VV" (Visual verification) code should be used.

When either **"VV"(visual verification) or "CS" (client statement)** are used as the verification code the summary in TEAMS case notes should include **complete** details such as (but not limited to) identification of material and content (i.e., date, check number, receipt number, dollar amounts, signatory).

When the **HC verification** code is listed on TEAMS for income, resource or expense/deduction, the verification must be kept in the file for three federal fiscal years from date of receipt.

NOTE: It is a best practice to retain **resource and income** verification that is not readily obtained by the participant (i.e., trust funds, contract for deeds, life estates, annuities, retirement accounts, etc.) for three federal fiscal years after case **closure**.

RECORDS RETAINED FOR THREE YEARS

Documents not otherwise mentioned in this manual section, **(state forms, non-professional screening and assessments, etc.),** are retained three full *federal* fiscal years from the date of receipt and then destroyed.

MOST RECENT COPY RETAINED

The most recent copy of the following documents must be retained even if more than three years old documents. They can be destroyed three federal fiscal years after date of **program closure**.

1. Application for **each** program.

➤ **NOTE:** When an adding a new member form (HCS-261A) is used to add an adult to a TANF or Medicaid case and when a redetermination/recertification form (HCS-272) is used to add a new Medicaid involvement unit, they must be retained as if they were an application.

2. Child support referral (HCS/CS-332) for **each** child;

3. Authorization to release information/confidentiality forms for **each** adult (including but not limited to: HCS-101, -102 and -103);

NOTE: When an authorization to release information form is used to collect **medical information** to determine eligibility or benefit amount for any program, both the form and the information obtained by using the form must be retained.

4. Rights and Responsibilities Form (if signed by the household);
5. TANF Direct Deposit Form (HCS-179);
6. TANF Cash Assistance Payment Selection Form (HCS-180);
7. Notice of Use of Protected Health Information (HPS-400);
8. Redetermination/ Recertification form used, as if it were an application for a Medicaid involvement;
9. ► Adding a new member form (HCS-261A) used, as if it were an application, to add an adult to a TANF or Medicaid case;
10. ► Signed Family Investment Agreements (FIA's); and
11. ► All verifications relating to TANF time clock concerns including but not limited to out-of-state TANF months and retroactive time clock adjustment requests.

RECORDS RETAINED FOR PENDING CONCERN

Primary original records related to the following situations must be for the duration of the concern.

1. Open fraud or IPV investigation;
2. Current litigation;
3. Open audit;
4. Open over-issuance claim; and,
5. Conditional Assistance (Agreement to Sell Property)

NOTE: Documents supporting an over-issuance claim or Conditional Assistance (Agreement to Sell Property HCS-97) must be retained for <u>three *federal* fiscal years</u> **after** the debt has been paid in full or **after** the participant has died.

►TANF RECORDS RETAINED INDEFINITLY

Screening guides and assessment reports completed by outside agency professionals (i.e., the domestic violence screening guide can be purged after three years but an assessment from Vocational Rehabilitation would be retained indefinitely)

MEDICAID RECORDS RETAINED AFTER DEATH

Destruction of the following documents is dependent on date of death:

<u>Resource assessments</u> (HCS-457) and all connected documentation must be retained for three federal fiscal years after the **<u>death of one spouse</u>**.

<u>Estate Recovery for Nursing Home Residents</u> (HCS-120) and **<u>Real Property Liens for Nursing Home Residents</u>** (HCS-121) must be retained for three federal fiscal years after the **death of the <u>participant</u>** regardless of whether or not there is a surviving spouse.

RECORDS DESTRUCTION

After the local OPA has identified materials to be destroyed, the materials must be:

1. shredded; **or,**
2. burned; **and,**
3. destruction must be witnessed by an authorized DPHHS employee as determined by the Office of Public Assistance County Director.

TEAMS POLICY

TEAMS data archiving and purging/destruction policy is contained in a separate document and is the responsibility of the TEAMS system contractor.

RECORDS STORAGE

Case records must be safeguarded. Each employee responsible for records should use reasonable diligence to protect them and to prevent disclosure of information they contain. Reasonable diligence includes storing records in a secure place (locked file or room) when the office is closed, keeping records filed and not left where casual visitors might have access to them and keeping records in the office except when authorized to remove or transfer them.

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Destruction Guidelines
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Return to Client or Destroy	Retained for three full federal fiscal years from date of receipt	Retained for three full federal fiscal years from date of closure	Retained TANF doc. Indefinitely
Income or resource verification that **is** easily obtainable by client and coded on TEAMS with a **VV (Visually Verified)** verification code.	Income or resource verification that is **not** easily obtainable by client and coded on TEAMS with an **HC (Hard Copy)** verification code.	Permanent records not listed elsewhere on this chart such as: Soc. Sec. Card, SSN Application, Birth Certificate, Custody Documents, Divorce/Separation Documents, Indian Enrollment Card, Marriage Certificate, Medicare Cards, and, Alien documents. **** All are not "required". Please follow program policy.**	Screening guides and assessment reports completed by outside agency professionals (e.g., assessment from Vocational Rehabilitation)
	If a **hard copy** is provided, PLEASE maintain the document in the file and code it HC regardless of how easy it is to obtain a copy.		
	Non-professional screenings and assessments. (e.g. domestic violence screening guide)		
	ALL State Forms including those listed in "Retain most recent copy" column.		

Destruction Guidelines
Page 2 of 2

Retain for pending concern	***Retain most recent copy (Destroy 3 fed. fiscal yrs. after **prog.** closure.)	Retain until death-either spouse	Retain until death - participant
Primary original records pertaining to any of the following: **Open Fraud or Intentional Program Violation (IPV) Investigation; **Current Litigation; **Open Audit; **Open Over Issuance Claim; or, **Conditional Assistance (Agreement to Sell Property HCS-97)	Authorization to Release Information (HCS 101, 102, 103)	Resource Assessment (HCS 457)	Estate Recovery for NH Residents (HCS 120);
	Application for **each** prog. currently open regardless of how old the app. is. ((>**NOTE:** When a rede/recert form is used to add a Medicaid involvement, the form should be retained as if it were an application.)		Real Property Liens for Nursing Home Residents (HCS 121)
NOTE-For open or closed cases- *Documents supporting an over-issuance claim or Conditional Assistance (Agreement to Sell Property) must be retained for three federal fiscal years **after** the debt has been paid in full or **after** the death of the participant.*	Notice of Use of Protected Health Information (HPS 400)		
	TANF Direct Deposit		
	Rights and Responsibility		
	Child Support Referral for **each** child		
	TANF Cash Assistance Payment Selection Form (HCS180)		
	Adding new HH member form (HCS-261A) when the new member is an adult.		
	Signed Family Investment Agreement (FIA)		
	All verifications relating to TANF time clock concerns including but not limited to out-of-state TANF months and retroactive time clock adjustment requests.		

***** The most recent copy and all copies less than 3 years old must be retained as long as the case is open.**
Then can be destroyed 3 federal fiscal years from the date of closure.

Department of Public Health and Human Services FAMILY MEDICAID	Section: CASE MANAGEMENT Subject: Case File Organization

Supersedes: TANF, FMA, MA and FS 1511-1 (07/01/03)

GENERAL RULE--A case record for each household/filing unit must be maintained. Information must be organized in each file using all applicable divider(s). Specific dividers required for each case will be dependent upon the program(s) for which application is being made and the type of information submitted.

MANILA 2-PART FOLDER: **Although use of the 6-part classification folder in all Offices of Public Assistance is strongly encouraged,** manila file folders can be used internally as long as each file is organized with the appropriate divider(s) in the order listed below.

Classification folders must be used for all case transfers.

	Left Side	**Right Side**
Divider 1	Shelter	FIA
Divider 2	Work Reg. (FS)	E & T/WoRC
Divider 3	ABAWDS	Cash Assistance (TANF/FAIM)
Divider 4	Reports	Child Care
Divider 5	Income	Emergency/Gen. Assistance
Divider 6	Resources	Correspondence
Divider 7	Permanent Documents	Child Support
Divider 8	Integrity/Fraud	Medical
Divider 9	Refugee Cash/MA	Application Assistance

CASE TRANSFER **Use of a 6-part classification folder is required when transferring a case to another Office of Public Assistance (OPA).** Manila folders cannot be used when transferring a case. **(See section 1512-1.)**

Exception: When a case has only been open to the following Medicaid program(s) in the last 12 months a 2-part classification folder can be used:

- Waiver Medicaid (WA, WD, WO);
- SSI Medicaid (SD, SB, SA);
- Nursing Home Medicaid (IA or ID);
- QMB (QMQA, QMQB, QMQD); or,
- SLMB (SLSL, SLQ1)

2-PART A 2-part classification folder is allowed for the above listed exceptions.

CLASSIFICATION FOLDER

Manila folders cannot be used when transferring a case to another **OPA.** The case records must be in a classification folder, which is made from heavier paper stock. File all documents under the applicable dividers in the order listed below:

	Left Side	**Right Side**
Divider 1	Reports	Correspondence
Divider 2	Income	Medical
Divider 3	Resources	Refugee Cash/MA
Divider 4	Permanent Documents	Application

6-PART CLASSIFICATION FOLDER

Offices are strongly encouraged to use 6-part classification folders for all cases not listed above. However, a 6-part classification folder is only required when the case is being transferred to another OPA.

File all documents under the applicable dividers in the order listed below:

NOTE: The following is not an all-inclusive listing of documents that may be included in individual case files, nor are all documents listed required for each program. Refer to individual program manuals for specific policy regarding required verifications.

SECTION I

Tribal Commodities (FDPIR) verification is filed on top of the work registration section.

Divider 1: **Work Registration (Food Stamps)**

a. Work Registration Form (HCS-543-A);
b. Work registration disqualification and good cause verification;
c. FSET referral form (HCS/FS-001);
d. FSET participation verification; and,
e. Request for Medical Evaluations for Food Stamp Program (HCS-208).

Divider 2: **ABAWD**

a. ABAWD exemptions list (HCS-545);
b. ABAWD exemption verification; and,
c. ABAWD tracking verifications.

SECTION II

Divider 1: **Reports**
- a. Transitional/Extended Medicaid quarterly report;
- b. Change reports (HCS-260); and,
- c. Food Stamp Six-Month Report (HCS/FS-008).

SECTION III

NOTE: Medical Expense verifications are to be filed in Section VI under Divider 3.

Divider 1: **Expenses** (non-medical)
- a. Rent/mortgage receipts and/or statements;
- b. Separate household status form/statement;
- c. Taxes and insurance verification (if separate from the mortgage);
- d. Utility verification;
- e. Dependent care expense verification; and,
- f. Child support expenses (legally obligated child support)

SECTION IV

Divider 1: **Income**
- a. Earned income (wages, pay stubs, self-employment);
- b. Unearned income (verification of Social Security, Veterans Administration, Workers' Compensation, Unemployment Insurance or Compensation, gifts, etc.);
- c. Employment record;
- d. Man/woman-in-home contribution statement;
- e. Self-employment record;
- f. Report of employment income (HCS-242);
- g. Wage match reports;
- h. School grant/loan verifications;
- i. Tribal General Assistance verification;
- j. Job offer/lay-off letter;
- k. IIM (Indian Income Money) accounts;
- l. Lease income/per capita income; and,
- m. Loan statement.

Divider 2: **Resources**
- a. Bank statements (checking, savings, CD);
- b. Agreement to Sell Property (HCS-97);
- c. Burial Designation (HCS-470);
- d. Contract for deed offer/refusal/value estimate;
- e. IIM accounts not being counted as income;

f. Life insurance;
g. Irrevocable burial agreement;
h. Property deeds;
i. Vehicle registration/title or P-Justice print out, equity value; and,
j. Wills/probate documents.

Divider 3: **Permanent Documents**

NOTE: Not all the forms listed are required. However, if they are provided they are to be filed in this section.

a. Authorization to Release Information/confidentiality forms;

NOTE: When the HCS-102, "One Time Only Authorization to Release Information", is used to collect medical information, the HCS-102 and the medical information received are stapled together and filed here.

b. Social Security cards/SSN application (SS-5);

NOTE: It is extremely rare that any program's policy would require verification of SSN.

c. Birth certificates;
d. Custody document;
e. Divorce/separation statement;
f. Indian Enrollment Number (IEN) verification;
g. Marriage certificate/verification;
h. Medicare cards;
i. Alien documents/INS forms;
j. Resource Assessment (HCS-457);
k. Resource Allocation (HCS-458);
l. Estate Recovery of Nursing Home Residents (HCS-120);
m. Real Property Liens for Nursing Home Residents (HCS-121).
n. Designation of Authorized Personal Representative for Health Information (HPS-401);
o. Authorization For Use and Disclosure of Health Information (HPS-402);
p. Asset Transfer and Resource Assessment Form (HCS-409); and,
q. HIPAA Privacy notice (HPS 400)

Divider 4: **Integrity/Fraud**

a. All information or documentation related to an over/under issuance, IPV or fraud referral;
b. Fair hearing information;
c. Second party review forms;
d. Program Compliance and Quality Assurance/Supervisor case review information;
e. Food Stamp Account and Destruction Report;
f. Food Stamp Replacement Authorization Form (FS-051); and,
g. Request To Offset Food Stamp Debt With Electronic Benefit Balance (HCS/FS-004).

SECTION V

Divider 1: Employability Plan/**FIA** - Family Investment Agreement

NOTE: Each item listed below should be grouped and in chronological order with the most recent on top. (e.g., All FIA's together in chronological order, then all participation logs, etc.)

a. Family Investment Agreements (HCS-781);
b. Participation logs;
c. Post Secondary Education (PSE) screening;
d. Screening Guides (HCS-730, 731, 732);

NOTE: Domestic violence Screening Questionnaire (HCS-326) is filed under divider 3 "TANF".

e. Action Plan;
f. Personal Budget Sheet; and,
g. Sanction information and documentation.

NOTE: At worker discretion Sanction information can be filed under divider 3 "FAIM/TANF" but must be consistent within the file.

Divider 2: **TANF Employment & Training/WoRC**

NOTE: FS Employment and Training information must be filed under Section I, Divider 1; "Food Stamp Work Registration".

a. E & T referrals;
b. E & T activity verification (e.g., attendance records/time slips, calendars, participation logs, and other case

management plans (OCM) such as WIA, Voc-Rehab, TAA, or REO plans and related information);
c. WoRC status change forms; and,
d. Tribal NEW notices.

Divider 3: **TANF Cash assistance**

NOTE: Medical documents obtained by using the HCS-102, "One Time Only Authorization to Release Information", must be stapled to the HCS-102 and filed in "Permanent Documents", Section IV divider 3.

► **NOTE:** **BOLD** * font below indicates extension related documents. If an extension application (HCS-175) is filed all related documents must be filed together as a packet in the case file.

a. Timeclock exemption request form and verification (HCS-220A);
b. PERP/JERP (Pathways Employment Related Payment/Job Supplement Employment Related Payment) forms (FA-360);
c. Supportive service forms;
d. County FAIM/TANF forms;
e. Teen Parent Living Arrangement Checklist;
f. *Domestic violence questionnaire (HCS-326);
g. Retroactive Timeclock Alteration Request (HCS-200);
h. *Application for the Extension of TANF Cash Assistance (HCS-175);
i. *Illness/Incapacity Determination for Extended TANF Cash Assistance (HCS-176);
j. *TANF Cash Assistance Extended Benefits Referral (HCS-177);
k. *TANF Cash Assistance Extension; Notification/Application request (HCS-178);
l. *TANF Extended Benefits Re-Evaluation Form (HCS-181);
► **m. *Request for Health/Employability Evaluation for Extended Benefits (HCS-209);**
► **n. *Request for Work Activity Capabilities (HCS-207);**
► **o. *Request for Mental Health and Cognitive Impairment Information (HCS-206);**
p. Out-of-State TANF Benefit Request Form (FA-100);
q. Direct Bank Deposit Authorization Form (HCS-179) or any other bank direct deposit form. Keep the most recent version and those completed in the last three federal fiscal years; and,

r. TANF Cash Assistance Payment Selection Form (HCS-180). Keep the most recent version and those completed in the last three federal fiscal years.

NOTE: Medical documents obtained by using the HCS-102, "One Time Only Authorization to Release Information", must be stapled to the HCS-102 and filed in "Permanent Documents", Section IV divider 3.

Divider 4: **Child Care**
Child care referral form (HCS-051).

NOTE: Verification of child care expenses are filed in Section III, Divider 1 "Expenses (non-medical)".

Divider 5: **Emergency/General Assistance**

a. Emergency Assistance forms (HCS-020); and,
b. General Assistance forms (if needed by OPA).

Divider 6: **Refugee Cash/MA Assistance**
All forms related to Refugee Assistance

SECTION VI

Divider 1: **Correspondence**
a. Case transfer information;
b. Authorization to Release Information forms from other agencies;
c. Written correspondence between participant and agency;
d. Non-TEAMS notices (all notices must now be sent from TEAMS so this divider can soon be deleted);
e. Miscellaneous correspondence; and,

Divider 2: **Child Support**

NOTE: Verification of child support expenses are filed in Section IV, Divider 1 "Income and Related Expenses".

a. Child Support Enforcement Referral (HCS/CS-332);
b. Notice of Requirement to Cooperate;
c. Good cause claim (HCS-333); and,
d. Good cause verification.

Divider 3: **Medical**

NOTE: Medical documents obtained by using the HCS-102, "One Time Only Authorization to Release Information", must be stapled to the HCS-102 and filed in "Permanent Documents", Section IV divider 3.

NOTE: Medical documents for TANF Extension purposes are filed in Section V, Divider 3 "TANF Cash Assistance".

a. Correspondence from the participant or medical provider regarding medical eligibility/bills;
b. Assessment for Medical Assistance (HCS-491 and 493);
c. Medically Needy forms (HCS-410 and 412);
d. List of Medical Expenses (HCS-451);
e. TEAMS incurment (INCU) screen printout;
f. Provider Informational Memo/Medicaid Incurment (HCS-454) (commonly referred to as the one-day authorization form);
g. Authorization for Out-of-state Medical Travel/Per Diem;
h. Screening Determination;
i. EPSDT information/KIDS Count;
j. Health insurance policies;
k. Incapacitated/pregnancy statements;
l. Third Party Liability referral form/correspondence;
m. Essential for Employment Form (HCS-782);
n. Emergency Medical for Aliens (FA-400); and,
o. Provider Notification of Eligibility Determination for Medicaid Claims Processing (HCS-455) (commonly referred to as the 365-day letter).

Divider 4: **Application**

a. Applications for Assistance (HCS-250, 251, 004 and 245);

NOTE: Applications for Extension of TANF Cash Assistance (HCS-175) are filed in Section V; Divider 3 "TANF Cash Assistance".

b. Addendum to Application;
c. Application/Redetermination Checklist (HCS-220);
d. Adding a New Household Member (HCS-261A/HCS-261B);
e. Voluntary request to withdraw application;
f. Recertification/Redetermination forms (HCS-272);
g. Video viewing confirmation forms (if used by the OPA); and
h. Authorized Representative (Group Home) Responsibilities and Liabilities (HCS-536).

CwC

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DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES

BRIAN SCHWEITZER
GOVERNOR

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DIRECTOR

STATE OF MONTANA

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PO Box 4210
HELENA, MT 59604-4210

Date: October 19, 2006

To: All TANF Cash Assistance Policy Manual Holders

From: Del Bock, TANF Program Policy Specialist
Public Assistance Bureau, Central Office.

Subject: TANF Cash Assistance Bulletin TB-27

Please place this bulletin at the beginning of the TANF Manual, Section 1512-1.

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SECTION: Case Management
Case Transfer

SUBJECT: Case Transfer Process

EFFECTIVE DATE: Immediately

INTRODUCTION: TANF Reauthorization regulations contained in the Deficit Reduction Act of 2005 tightened up the descriptions of allowable work activities that may be used to meet the federal TANF Work Participation Rate. Because of these changes, it is vital that we engage as many participants as possible, in allowable work activities, on a consistent basis.

POLICY: Often, when a participant requests that their case be transferred to another county, they are not actively engaged in allowable work activities throughout the case transfer period. Based on the strict requirements for participation in work activities and the potential impact on the work participation rate of not having full participation during the case transfer period, the following process should be implemented as soon as possible:

NOTE: TEAMS changes have been requested that will allow automation of some of this process. However, until those changes can be completed, please follow the outlined process.

The X024 "CASE TRANSFER OUT" and A035 "TRANSFER IN-FIA/EP APPNT SCHED" notices have been updated on TEAMS.

Case Transfer Request Between 1-15th of Month:

If the request to transfer to a new county is made between the 1-15th of the month, the OPA Case Manager must notify the WoRC Case Manager or Tribal NEW Case Manager immediately.

WoRC Case Manager:

The WoRC Case Manager must immediately take the following steps:

1. Negotiate an updated Employability Plan for the remainder of the month based on the activities the participant will be involved in;

2. Drop the negotiated components for all future months on EMPL to ensure that the auto-authorization and rollover processes in TEAMS do not continue past the current month;

3. Send the Case Management Folder to the OPA Case Manager for inclusion in the transferred case file to the new county.

OPA Case Manager:

The OPA Case Manager must immediately take the following steps:

1. Send timely notice of transfer via X024 "CASE TRANSFER OUT" notice to participant at new address. The notice should state "failure to negotiate a new FIA/EP by the (end of the current month) will result in closure of your TANF cash assistance effective the (end of the current month)."

2. Mail the case file and WoRC Case Management Folder to OPA in the receiving county.

Receiving OPA Case Manager:

The OPA Case Manager in the receiving county must immediately take the following steps:

1. Schedule a FIA/EP appointment as soon as possible to determine if the participant will be referred to WoRC or to Tribal NEW;

2. Send A035 "TRANSFER IN FIA/EP APPNT SCHED" notice to participant informing them of the date and time of the FIA/EP appointment. The notice should state "if you do not negotiate a FIA/EP by (end of the current month) your TANF cash assistance will close effective (end of current month) without further notice."

3. Set alert to close case on TEAMS if participant fails to negotiate a FIA/EP by the end of the current month.

Case Transfer Request After 15th of Month:

If the request to transfer to a new county is made after the 15th of the month, the OPA Case Manager must notify the WoRC Case Manager or Tribal NEW Case Manager immediately.

WoRC Case Manager:

The WoRC Case Manager must immediately take the following steps:

1. Negotiate an updated Employability Plan for the remainder of the current month and for the following month, based on the activities the participant will be involved in (or using the JBS code);

2. Send the Case Management Folder to the OPA Case Manager for inclusion in the transferred case file to the new county.

OPA Case Manager:

The OPA Case Manager must immediately take the following steps:

1. Send notice of transfer via X024 "CASE TRANSFER OUT" notice to participant at new address. The notice should state "failure to negotiate a new FIA/EP by the (15th of the following month) will result in closure of your TANF cash assistance effective (end of the following month)."

2. Mail the case file and WoRC Case Management Folder to OPA in the receiving county.

Receiving OPA Case Manager:

The OPA Case Manager in the receiving county must immediately take the following steps:

1. Schedule a FIA/EP appointment as soon as possible to determine if the participant will be referred to WoRC or to Tribal NEW.

2. Send A035 "TRANSFER IN FIA/EP APPNT SCHED" notice to participant informing them of the date and time of the FIA/EP appointment. The notice should state "if you do not negotiate a FIA/EP by (15th of the following month) your TANF cash assistance will close effective (end of the following month) without further notice."

3. Set alert to close case on TEAMS if participant fails to negotiate a FIA/EP by the 15th of the next month.

   Reminder: If the client negotiates a FIA/EP between the 15th and the end of the month, the case will be reverted to open.

UPDATED MANUAL MATERIAL WILL BE DISTRIBUTED AS SOON AS POSSIBLE. UNTIL THAT TIME, USE THIS BULLETIN AS A GUIDE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR REGIONAL POLICY SPECIALIST. Thank you.

Department of Public Health and Human Services TANF CASH ASSISTANCE	Section: CASE MANAGEMENT Subject: Case Transfer

Supersedes: TANF, FMA, and MA 1512-1 (01/01/04) and Bulletins (FMA-37, SSI-MA-B64; and TB-10)

References: 42 CFR 435.403; ARM 37.82.101; ARM 37.82.402; ARM 37.78.102 and .221

GENERAL RULE--Public Assistance cases may be transferred from one Montana Office of Public Assistance (OPA) to another. Cases are not transferred from one state to another or between MT TANF and Tribal TANF. When the household moves to another state, the case is closed.

▸TRIBAL TANF

When a MT TANF case is transferred to an OPA that might have Tribal TANF in their county and the household has not requested TANF closure, the case is transferred with TANF open. The receiving OPA will determine if MT TANF will need to be closed.

See TANF 103-7 "Tribal TANF Plans" for details of case transfers when Tribal TANF is a possibility.

▸TIME FRAMES

Time frames for sending the hard copy case file and using the CARC screen to transfer the case on TEAMS must be driven by **quality customer service**.

Benefit **issuance must not be delayed** due to lack of prompt administrative action. To assure efficient and effective transfers occur, cooperation between counties is necessary.

MULTIPLE PROGRAMS

A case open for multiple programs must be managed by the same OPA. The programs' most restrictive policy applies regarding which OPA will maintain the case. TANF has the most restrictive policy (TANF 302.1).

▸MOVE TO EXCLUDED RESERVATION

If the participant moves to an excluded reservation after benefits have been authorized, the case must be de-authorized either before or after changing the address and entering a 'Y' in the 'Reside on Reservation' field on the ADDR screen and then authorized again to assure the exclusion is recorded correctly. Check the EXPD screen for the 'Y' indicator. If the 'Y' indicator on ADDR is manually changed to an "N' and the case is authorized, the indicator cannot be changed back to a 'Y' until the case is de-authorized.

▸SPECIAL TANF PROCESSING

WoRC

When a case is being transferred, the FIA/Employability Plan activities must be amended. The Eligibility Case Manager must notify the WoRC Case Manager to change the activities and allocated hours on **EMPL** to reflect 'WEX' (move to new county) for the remainder of the transfer month. These changes must be made on EMPL before the case is CARCed. In addition, the Eligibility Case Manager must request the WoRC case management folder so it can be included in the OPA case file that is mailed to the new county.

A copy of the FIA/EP must be mailed to the participant with instructions to sign and return it to the OPA in his or her current county of residence (usually the new county).

▸ The receiving OPA must schedule a FIA/EP appointment as soon as possible to ensure continuous mandatory participation requirements are met. Send **notice A035 " Transfer IN FIA/EP appt. scheduled**". When the participant attends the FIA/EP renewal appointment, OPA updates any detailing under the WRC referral to reflect a referral to the current WoRC program and follows local county procedure for setting up an initial engagement appointment with the new WoRC program. The current WoRC office may need to contact the prior WoRC program to assure the "J side" of the case is CARC'd to the new WoRC contractor."

WoRC EXAMPLE: Single parent household is a Missoula OPA WoRC referral for June and moves to Roosevelt County on June 15. The Eligibility Case Manager in Missoula needs to:

1. **OPA** notifies the WoRC Case Manager and requests the case management file for transfer;

2. Before the case is transferred on TEAMS via the CARC screen, the **WoRC** Case Manager reduces the hours on existing components in the current month on the EMPL screen to 60 and enters 'WEX' 60 hours 'move to Roosevelt County.' and

3. **WoRC** Case Manager updates the future two months' of EMPL (070105-073105 & 080105-083105) with WEX Prep activities of "move to Roosevelt County" for 120 hrs in each month.

The new FIA/EP is mailed to the participant requesting that it be signed and turned in to the Eligibility Case Manager in the Roosevelt County OPA (the participant has already moved to Wolf Point). The Roosevelt County Eligibility Case Manager schedules a FIA/EP appointment as soon as possible to renegotiate the July FIA/EP and make the referral to either Tribal NEW or WoRC.

▸SPECIAL TANF PROCESSING TRIBAL NEW

When a case is being transferred from Tribal NEW to WoRC, the FIA/EP activities must be amended.

The **sending Eligibility Case Manager** should end the 'NEW' component on EMPL effective the date the participant moved. The hours on the 'NEW' component must be reduced to reflect the number of hours already completed in the month in the Tribal NEW program and they enter a WRC component for the remainder of the hours.

The **sending WoRC Case Manager** will add the 'WEX' component 'move to new county' must be entered on **EMPL** for the remainder of the transfer month hours and for the full hours for the next month.

NOTE: A retroactive end date for the NEW component can be entered on EMPL. If the date the participant moved was June 5, this date should be entered on EMPL even if the action is taking place on June 12.

▸ A copy of the FIA/EP must be mailed to the participant with instructions to sign and return it to the OPA in his or her current county of residence (usually the new county).

The **receiving Eligibility Case Manager** must schedule a FIA/EP appointment as soon as possible to ensure continuous mandatory participation requirements are met. Send **notice A035 " Transfer IN FIA/EP appt. scheduled**". When the participant attends the FIA/EP renewal appointment, OPA updates any detailing under the WRC referral to reflect a referral to the current WoRC program and follows local county procedure for setting up an initial engagement appointment with the new WoRC program. The current WoRC office may need to contact the prior WoRC program to assure the "J side" of the case is CARC'd to the new WoRC contractor."

Tribal NEW EXAMPLE: Single parent household is a Roosevelt OPA Tribal NEW referral for June and moves to Yellowstone County on June 15. The Eligibility Case Manager in Roosevelt County needs to:

1. End date the 'NEW' component on EMPL: with an end date of June 15 and reduce the hours to 60;

2. Enter the 'WRC' component with a start date of June 16 with an end date of June 30 for 60 hours; and

3. Enter the 'WRC' component with a start date of July 1 and an end date of July 31 for 120 hours.

The new FIA /EP is mailed to the participant with a request to sign it and turn it in to Eligibility Case Manager in Yellowstone County OPA.

The Yellowstone County Eligibility Case Manager schedules a FIA/EP appointment as soon as possible to renegotiate the July FIA/EP and make the referral to WoRC (the participant has already moved to Billings).

SENDING COUNTY

1. Upon request for transfer or notification of the move, the Eligibility Case Manager determines what additional information/verification, if any, is needed to determine eligibility for the next month's benefit(s).

   The **case is authorized** in one of the following ways depending on which provides the **best customer service**.

   a. If all information is provided or can easily and promptly be obtained (through either collateral contact or obtaining verification readily available from the household), eligibility must be redetermined prior to transferring the case. The **sending OPA authorizes** the benefits or closes the case as appropriate based on the **new information** and sends the appropriate required eligibility and case transfer notices to the household.

   b. If additional information is needed and is easier for the receiving OPA to gather information, the **sending OPA authorizes** benefits for the following month at the **current level** and transfers the case. In addition to sending a case transfer notice, the sending OPA must also send a notice requesting the necessary information/verification, if any, be returned to the receiving OPA for eligibility determination.

   ► If time frames allow for timely/adequate notice, the receiving county may deauthorize benefits and rework the case for the month of transfer. This is especially important when the ADDR screen needs to be updated to accurately reflect **residence on or off the reservation.** The time clock will increment on the date of authorization based on what is displayed on ADDR.

2. Review the case for accuracy and pursue all necessary actions to correct the case, including investigation of possible overpayments and IPVs.

   The case may need to be transferred to the new OPA while the investigation continues in the original OPA.

3. Set appropriate alerts for the new OPA, (e.g., verification due, pending IPV, etc.).

4. Notify other entities involved in the case, (e.g., WoRC/FSET case managers)

5. Document actions taken in TEAMS case notes.

6. Follow policy in **Case File Retention, Archive, and Destruction** (see 1510-1). The intent of this step is to minimize paper flow and mailing costs. Small files may be sent without creating a local archived file.

7. **Organize and file** all documents in the standardized case file format. (see 1511-1).

8. Send appropriate notices.

9. On the TEAMS CARC screen transfer the case to the 999 caseload in the receiving county.

10. Mail the hard copy case file **the same** day as sending the transfer notices and completing the CARC screen.

RECEIVING COUNTY

TEAMS automatically generates an alert when a case is transferred on the TEAMS CARC screen.

1. Upon receiving the TEAMS alert, the case should be promptly assigned to the appropriate Eligibility Case Manager.

2. The Eligibility Case Manager assigned the case must promptly evaluate the case for accuracy and confirm the ADDR screen is correct for the '**resides on the reservation' indicator**.

NOTE: Updates to ADDR do not currently deauthorize a case. Therefore, when the reservation indicator is updated the case must be manually deauthorized and reauthorized. TANF timeclocks will increment based on ADDR data on the date of authorization. Retro time clock adjustments will not be made unless there was intent to provide misinformation.

The Case Manager must take all additional required actions as soon as possible but no later than ten days after the alert was sent
or
case file was received in the OPA.

Such actions may include the following:

a. Send a notice requesting information.
b. Send "Transfer In" notice.
c. Schedule an appointment to negotiate a FIA/EP.
d. Make appropriate referrals to community agencies.

3. If time frames allow for timely/adequate notice, deauthorize benefits and rework the case for the transfer month.

4. Document actions taken in TEAMS case notes.

TEAMS/CARC PROCESS

The CARC screen displays and maintains the case record (TEAMS case file) data linking each case to both a county and a worker.

► For guidance on how to CARC a case on TEAMS please go to http://vhsp.dphhs.state.mt.us/sevp/teams/
Then select in the following order:

- TEAMS tools
- TEAMS user Guide
- Section 1500
- Process Guides
- 1500-P8 Transferring cases on the CARC screen.

►MAILING CASE FILE

Hard copy case files must be **mailed** to the correct **service** county *(even though you might be CARCing the case to a different county.)* If a case file is mailed to the wrong county, it has to be re-mailed it to the **correct service county**. This takes extra time and money, and is inefficient.

Manila folders cannot be used to transfer a case file to another OPA. Use of a **6-part classification** folder is **required**. Only the WoRC case management folder is part of the file as a manila envelope.

► **Exception:** When a case has only been open to the following Medicaid program(s) in the last 12 months a **2-part classification** folder can be used:

- Waiver Medicaid (WA, WD, WO);
- SSI Medicaid (SD, SB, SA);
- Nursing Home Medicaid (IA or ID)
- QMB (QMQA, QMQB, QMQD); or,
- SLMB (SLSL, SLQ1)

If there is more than one volume for an active case, only the information for the past year, the most recent application and all permanent documents must be transferred.

EXAMPLE: FS and medically needy (MA MA) were closed in the last year and only MA PC is currently open. Documents for FS and MA MA received in the last year would also need to be sent with the Poverty Child case file in a 6-part folder.

Case files are mailed using the U.S. Postal Service:

1. Send First Class (Standard) or Priority Mail.

2. Request Delivery Confirmation Service. Generally, there is an additional minimal charge for this service.

3. Obtain a receipt and a confirmation number.

Delivery Confirmation Service provides confirmation of delivery/attempted delivery date, if requested. A return receipt is not provided. Inquiry is made by using the confirmation number and calling 1-800-222-1811 or via the Internet (www.usps.com). The voice response states when the package was mailed, when it was delivered, and the address where the package was delivered but does not state who accepted the package.

The OPA may choose to send case files UPS or Federal Express. A process to confirm delivery is required regardless of how the file is mailed.

➤TRANSFERRING CLOSED CASES

When an OPA requests a hard copy file after the effective date of closure, the OPA side of the case cannot be transferred on the CARC screen. However, if the file has been closed for less than a year, the hard copy should be provided to the requesting county. If it has been closed more than a year and the case file is readily available, the county can either send the hard file or a copy of the permanent documents and a copy of each program's most recent application.

When a notice of closure has been sent but the effective date of closure has not passed, the sending OPA reverts the case to open and transfers the case **without** authorizing benefits. The receiving OPA determines the next month's benefit. Since reverting the case to open is positive action, it is possible benefits may decrease for the transfer month.

CORRECTING ERRORS

When Program Compliance (PC) finds a case in error, the **service** county at the time the error occurred must respond to PC, conduct the investigation and correct the error according to that program's policy for the current month and all past months. The new county of financial responsibility must be notified and must follow up with required adjustments, benefit reductions, supplements or closures as necessary.

The Eligibility Case Managers involved must strive for quality customer service. For example, if the error is a possible TANF IPV, the participant must be afforded the flexibility to sign the "Waiver of Right To Disqualification Hearing" form (HCS -559) in their current **county of residence** instead of traveling to the county in which the offense took place. Also, the OPA in the current **county of residence** should provide space for a teleconference administrative disqualification hearing instead of requiring the participant to attend in the original **service** county.

If the receiving OPA identifies errors for the transfer month or prior months, the responsibility for correcting the error(s) and the financial responsibility lies with the sending OPA. **In order to expedite the process, the two OPAs are expected to work together to use the CARC screen to transfer the case back and forth as appropriate.** Generally it is not necessary to send the hard copy case file.

CWC

Department of Public Health and Human Services	Section: CASE MANAGEMENT
TANF CASH ASSISTANCE	Subject: Forms

Supersedes: TANF 1600 (01/01/06)

►Introduction: Listed below are forms and or pamphlets that are currently used in the TANF cash assistance program as well as their revision date. The forms that are italicized and shaded are used by the WoRC Case Manager either solely or in conjunction with the OPA Eligibility Case Manager. All other forms are used by the OPA Eligibility Case Manager.

FORM #	REVISION DATE	TITLE
NA		Child Care Pamphlets--Child Care Health and Safety Checklist; Best Beginnings Child Care Scholarships; How Does Your Child Care Stack Up?; Star Quality Child Care; Montana Child Care
HCS-005	08/04	Pamphlet: Fair Hearings
HCS-009	08/03	Tips for Finding the Right Job
HCS-020	07/04	Emergency Assistance Request
HCS-051	*04/05*	*WoRC Referral to Child Care R & R*
HCS-100	04/05	Out of State TANF Verification Request
HCS-101	10/04	Authorization to Release Information
HCS-102	08/00	One Time Only Authorization to Release Information
HCS-103	08/00	Inter-Agency Authorization to Release Information
HCS 173	08/04	TANF and Family Violence Option--Desk Guide
HCS 174	08/04	Universal Notification of TANF Family Violence Option
HCS 175	10/05	Application for Extension of TANF Cash Assistance
HCS 176	10/01	Illness/Incapacity Determination for Extended TANF Cash
HCS 177	10/01	TANF Cash Assistance Extended Benefits Referral
HCS 178	10/01	TANF Cash Assistance Extension Notification/Application
HCS-179	04/02	Direct Bank Deposit Authorization Form
HCS-180	02/02	TANF Payment Method
HCS 181	02/06	TANF Extended Benefits Re-evaluation
HCS-200	04/04	Retroactive Time Clock Adjustment Request
HCS-206	12/03	Request for Mental Health & Cognitive Impairment Information
HCS-207	*06/04*	*Request for Work Activity Capabilities*
HCS-208	12/03	Request for Medical Evaluation
HCS-209	12/03	Request for Health/Employability Evaluation for Extended Benefits Cash Assistance
HCS-220	08/05	Rights and Responsibilities Checklist
HCS-242	07/04	Report of Employment Income

FORM #	REVISION DATE	TITLE
HCS-249	12/04	TANF Reapplication Addendum
HCS-250	08/05	Application for Assistance
HCS-260 A	10/05	TANF/Medicaid Change Report Form
HCS-261 A	08/05	TANF/Medicaid Adding a New Household Member
HCS-272	07/05	Redetermination Form
HCS-318	11/02	Refugee Cash Assistance Budget Computation Worksheet
HCS-323	09/05	TANF Cash Assistance Budget Computation Worksheet
HCS-326	*05/04*	*Domestic Violence Screening Questionnaire*
HCS/CS-332	11/01	Child Support Enforcement Referral
HCS-333	01/02	Right to Claim Good Cause for Refusal to Cooperate with Child Support Enforcement
FA-400	02/97	Emergency Medical Claim
HCS-449	09/00	Health Insurance Premium Payment Referral (QAD)
FA-475	12/99	Contract Deed: Offer/Refusal/Value Estimate
HCS-525	05/00	Public Assistance Civil Rights Complaint Form
FA-542	10/00	Self-Employment Record
HCS-551	02/02	Action Taken On Your Administrative Disqualification Waiver/Hearing or by a Court of Law
HCS-552	06/05	Request and Verification to Remove Disqualification for Benefits
HCS-556	10/00	Advance Notice of Your Administrative Disqualification Hearing
HCS-559	01/03	Waiver of Right to Disqualification Hearing
HCS-562	02/04	OPA Program Payments (Cash Management Form)
HCS-575	01/00	Motor Vehicle Insurance Assignment & Authorization
HCS-710	*06/04*	*TANF Participation Information*
HCS-711	***New 10/06*	*New Parent Exclusion Form*
HCS-726	*06/03*	*WEX Site Training Plan*
HCS-727	*01/00*	*Non-Displacement Documentation Form*
HCS-730	12/02	How Can I Help You?
HCS-750A	*On-line form*	*Employment and Training Assessment Summary*
HCS-753	10/04	Information Exchange Form
HCS-755	*10/06*	*Employment and Training Participant-Agency Agreement*
HCS-761	04/05	Supportive Service Request
HCS-766	*11/03*	*Sanction Recommendation*
HCS-776	*03/00*	*Work Experience Site Agreement*
HCS-778	10/06	Request to Participate
HCS-781	*02/04*	*Family Investment Agreement/WoRC Employability Plan*
HCS-782	08/04	Medicaid Services Essential for Employment
HCS-783	08/05	Sanction Housing Notification
HCS-784	04/01	Post Employment Services Request
HCS-791	05/06	Teen Parent Living Arrangement Checklist
HCS-792	12/04	Emergency Assistance Voucher

Department of Public Health and Human Services	Section: DIRECTORIES
TANF CASH ASSISTANCE	Subject: Tribal and Indian Agency Offices

Supersedes: TANF 1701-1 (07/01/05)

GENERAL RULE-- For information regarding Tribal or judgment income, Per Capita income, Tribal loans, Indian Enrollment numbers, Individual Indian Money (IIM) Accounts, lease and inheritance income, BIA education grants, BIA supplemental payments, or BIA general assistance, write or call the following agencies:

BIA--ROCKY MOUNTAIN REGIONAL OFFICE
BIA Rocky Mountain Regional Office
316 N. 26th ST
Billings, MT 59101-1362
(406) 247-7943
Area Director — Keith Beartusk

BLACKFEET AGENCY (Blackfeet Tribe)
Blackfeet Agency
PO Box 850
Browning, MT 59417
(406) 338-7276
FAX (406) 338-7530
Social Services
(406) 338-7511
Tribal Council Chairperson — William A. Talks About

CROW AGENCY (Crow Tribe)
Crow Agency
PO Box 159
Crow Agency, MT 59022
(406) 638-3715
Social Services
(406) 638-2606
Tribal Council Chairperson — Carl Venne

FLATHEAD AGENCY (Confederated Salish and Kootenai Tribes)
Flathead Agency
PO Box 278
Pablo, MT 59855
(406) 675-2700
Social Services
(406) 745-3525
Tribal Council Chairperson — Fred Matt

FORT BELKNAP AGENCY (Assiniboine and Gros Ventre Tribes)
Fort Belknap Agency
RR 1 Box 66
Harlem, MT 59526
(406) 353-2205
Social Services
(406) 353-2205
Tribal Council Chairperson — Julia Doney

FORT PECK AGENCY (Sioux and Assiniboine Tribes)	Fort Peck Agency PO Box 1027 Poplar, MT 59255 (406) 768-5311	Social Services (406) 768-5155
►	Tribal Council Chairperson	Ray Eder
NORTHERN CHEYENNE AGENCY (Crow and Northern Cheyenne Tribes)	Northern Cheyenne Agency PO Box 128 Lame Deer, MT 59043 (406) 477-6284	Social Services (406) 477-8321
	Tribal Council Chairperson	Eugene Little Coyote
ROCKY BOY'S AGENCY (Chippewa and Cree Tribes)	Rocky Boy's Agency Rocky Boy Route 544 Box Elder, MT 59521 (406) 395-4478	Social Services (406) 395-4686
	Tribal Council Chairperson	John "Chance" Houle
WIND RIVER AGENCY (Arapahoe and Shoshone Tribes)	Wind River Agency PO Box 158 Fort Washakie, WY 82514 (307) 332-7810	
	Tribal Superintendent	George Gover
TURTLE MOUNTAIN AGENCY	Turtle Mountain Agency PO Box 60 Belcourt, ND 58316 (701) 477-3191	
	Tribal Superintendent	Patrick Hemmy

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Department of Public Health and Human Services	Section: DIRECTORIES
TANF CASH ASSISTANCE	Subject: WoRC Operators

Supersedes: TANF 1702-1 (07/01/05)

The following is a list of Work Readiness Component (WoRC) Operators throughout the State. The list is by County affiliation. Several Operators serve more than one county.

Beaverhead See Silverbow County Combo

Big Horn
WoRCing Partners
Attn: Oma Pretty Weasel
501 North Center Avenue
Hardin, MT 59034
665-3500 FAX: 665-1395

Blaine See Hill/Liberty/Blaine

Broadwater See Lewis and Clark

Carbon Combo: Carbon, Sweet Grass, Stillwater
HRDC VII/Carbon Combo WoRC Office
Attn: Jody Frank
Fifth and Hooper
PO Box 489 Phone 406-932-5266
Big Timber MT 59011 FAX 932-6628

Carter See Dawson County Combo

Cascade/Chouteau
Great Falls Job Service Workforce Center
1018 7th St South
Great Falls, MT. 59405
Bill Nazelrod
Phone 406-791-5800
FAX 791-5889

Custer Combo: Custer, Garfield, Powder River Rosebud, Treasure
Custer WoRC/Miles City Community College
Attn: Sharon Kearnes
2715 Dickinson
Miles City, MT 59301
Sharon Kearnes: 874-6183
Betty Vail: 874-6155
FAX: 874-6280

	Rosebud WoRC Office Courthouse Broadus, MT 59317 436-2017 FAX: 436-2019
Daniels	See Roosevelt County Combo
Dawson Combo: Carter, Fallon, Wibaux Dawson	Dawson WoRC Attn: Deb Mahlum (ext 17) 121 S. Douglas Glendive, MT 59330 377-4314 FAX: 377-5917
Deer Lodge Combo: Deer Lodge, Powell, Granite	Butte/Anaconda Job Service Attn: Jack Hardy 307 East Park Anaconda, MT 59711 563-3444 FAX: 563-7827
Fallon	See Dawson County Combo
Fergus Combo: Fergus, Golden Valley, Judith Basin, Musselshell Petroleum, Wheatland	District VI HRDC Attn: Cherelee Martin 300 First Avenue North Suite 203 Lewistown, MT 59457 538-7488 Fax: 538-2843 Dist 6 HRDC Office 122 Main St Roundup MT 59072-2830 Deborah Kloster 323-3857 247 Main, Roundup 59072
Flathead, Lincoln (Serves Kalispell and Southern portion of county)	Northwest Montana Human Resources Attn Leslie Dewitt, E&T Director P.O. Box 8300 Kalispell, MT 59904-1300 758-5426 Leslie Dewitt 758-5468 Judi Filler, Fax: 752-6582
Lincoln	Lincoln County WoRC 903 Farm to Market Road Libby MT 59923 293-2712

Flathead North (Serves Columbia Falls and Whitefish)	Montana Peaks, Inc. Attn: Mary Danford, Executive Dir. cc: Judy Jackson P.O. Box 2335 Kalispell, MT 59903-2335 892-5767 Fax: 892-4700
Gallatin/Madison	Bozeman Job Service Attn: Al Maurillo cc: Joyce Heiser, Asst MGR 121 North Willson cc: Teri Knutson, 582-9237 Bozeman, MT 59715 582-9200 Fax: 582-9210
Garfield	See Custer County Combo
Glacier	Cut Bank Job Service Center Geri Baker, Manager cc: Karla Wagner 501 E Main Cut Bank, MT 59427 Fax: 873-5393 406-873-2191
Golden Valley	See Fergus County Combo
Granite	See Deer Lodge County Combo
Hill/ Liberty/Blaine	Havre Job Service Workforce Center Attn: Pam Harada 160 1st Avenue Havre, MT 59501 265-5847 Fax: 265-1386
Judith Basin	See Fergus County Combo
North Jefferson	See Lewis and Clark County Combo
South Jefferson	See Silver Bow County Combo
Lake	Working Innovations/Yvonne Brady P.O. Box 1688 414 D 1st St E Polson, MT 59860 883-6717 Fax: 883-4134 Working Innovations Administrative Office P.O. Box 760 Thompson Falls, MT 59873 827-4060 Fax: 827-9029

Lewis & Clark/ Broadwater N.Jefferson	Career Training Institute Attn: Sheila Hogan 347 N. Last Chance Gulch Helena, MT 59601 443-0800 Fax: 442-2745	cc: Pam Carlson Ext 25 cc: Jasyn Harrington Ext 19
Liberty	See Hill/Liberty/Blaine	
Madison	See Gallatin/Madison	
McCone	See Richland County Combo	
Meagher	See Park/Meagher	
Mineral	Working Innovations Yvonne Brady P.O. Box 873 305 W. Main St. Superior, MT 59872 822-4344 Fax: 822-3217	cc: Teri Johnson
Missoula	Missoula Job Service Attn: Wolf Ametsbichler, Mgr 2677 Palmer Suite 222 329-1275 FAX 329-1295 Missoula, MT 59808	cc: Sue Brown, Asst Mgr 329-1283 cc: Kellyann Deniger, Supr 329-1280
Musselshell	See Fergus County Combo	
Park/Meagher	Livingston Job Service Attn: Al Maurillo 220 East Park Livingston, MT 59047 222-0520 FAX: 222-1593	cc: Joyce Heiser, Asst Mgr cc: Elizabeth Anderson 222-8908
Petroleum	See Fergus County Combo	
Phillips	See Roosevelt County Combo	
Pondera Combo Pondera, Teton, Toole	WoRCing Partners Pat Darby 454-7700 414 ½ S. Main Conrad, MT 59425	Sandra Bucher 278- 9121
Powder River	See Custer County Combo	

Powell — See Deer Lodge County Combo

Prairie — See Richland County Combo

Ravalli

Ravalli WoRC, District XI HRDC
Attn: Brenda Berenyi
316 North 3rd Street, Suite 114
Hamilton, MT 59840
363-6101 (Phone Ext 237)
Fax: 363-5711

District XI - HRDC/Main Office
Attn: Jim Morton — Maggie Driscoll, E & T Supr
1801 South Higgins
Missoula, MT 59801
728-3710 Fax: 728-7680

Richland , McCone, Prairie

Richland County Commissioners
Attn: Zadena Kingland
221 5th St. SW
Sidney, MT 59270
433-3505 Fax: 433-2015

Roosevelt Combo: Roosevelt, Sheridan, Phillips, Valley, Daniels

Northeast Montana Job Service Workforce Center
Attn: Mona Amundson
74 4th St. North
Glasgow, MT 59230
228-3928 FAX 228-4030

Northeast Montana Job Service Workforce Center
Attn: Debbie Berg
201 Main Street
Wolf Point, MT 59201 — 653-6328 Fax: 228-1196

Rosebud — See Custer County Combo

Sanders

Working Innovations
Attn: Teri Johnsen
P.O. Box 760
#2 Tradewinds
Thompson Falls, MT 59873
827-4060 Fax: 827-9029

Sheridan — See Roosevelt County Combo

Silver Bow Combo: Silver Bow, Jefferson, Beaverhead	Career Futures Attn: Mary Berg 55 W Granite Butte, MT 59701 723-9101 Fax:723-4345 Dillon Office: (406-683-2004) 730 N Montana, Dillon, MT 59725	cc: Janet Snowberger cc: Linda 'Griff' Moodry
Stillwater	See Carbon County Combo	
Sweet Grass	See Carbon County Combo	
Teton	See Pondera County Combo	
Toole	See Pondera County Combo	
Treasure	See Custer County Combo	
Valley	See Roosevelt County Combo	
Wheatland	See Fergus County Combo	
Wibaux	See Dawson County Combo	
Yellowstone	District VII HRDC Attn: Carl Visser 7 North 31 Street P.O. Box 2016 Billings, MT 59103 Office: 247-4700 Fax: 248-2943	Barb Perzinski 247-4730 Marilyn Simpson 247-4728 Stacy Horsfall 247-4749

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Department of Public Health and Human Services

FAMILIES ACHIEVING INDEPENDENCE IN MONTANA

SECTION: DIRECTORIES

SUBJECT: Welfare to Work Operators

Supersedes: New to Manual

The following is a list of Welfare to Work Operators throughout the State. The list is by service delivery area and district, as appropriate.

BALANCE OF STATE SERVICE DELIVERY AREA (BOS)

DISTRICT 1: (Daniels, Phillips, Roosevelt and Valley Counties)	NE MT Job Service Center 238 Second Ave. South Glasgow, MT 59230 (406) 228-9369	NE MT Job Service Center 217 3rd Ave. South Wolf Point, MT 59201 (406) 653-1720
DISTRICT 2: (Dawson, Garfield, McCone, Prairie, Richland and Wibaux Counties)	Miles City Comm.College 2715 Dickinson Miles City, MT 59301 (406) 233-3506	Action for Eastern Montana 100 Fir Forest Park PO Box 1309 Glendive, MT 59330 (406) 377-3564
DISTRICT 3: (Carter, Custer, Fallon Powder River, Rosebud and Treasure Counties)	Miles City Comm.College 2715 Dickinson Miles City, MT 59301 (406) 233-3506	
DISTRICT 4: (Blaine, Hill and Liberty Counties)	Havre Job Service 416 1st Street Havre, MT 59501 (406) 265-5847	Havre HRDC 111 North 11th College Park Plaza Havre, MT 59501 (406) 265-6743

DISTRICT 5: (Cascade, Choteau, Glacier, Pondera, Teton and Toole Counties)	Great Falls Job Service 1018 Seventh Street South Great Falls, MT 59405 (406) 791-5800	
DISTRICT 6: (Fergus, Golden Valley, Judith Basin, Musselshell, Petroleum and Wheatland Counties)	District VI HRDC 300 First Avenue North Suite 203 Lewistown, MT 59457 (406) 538-7488	
DISTRICT 7: (Big Horn, Carbon, Stillwater, Sweetgrass and Yellowstone Counties)	District VII HRDC 213 North Custer Hardin, MT 59034 (406) 665-1895	District VII HRDC 7 North 31st Street PO Box 2016 Billings, MT 59103 (406) 247-4742
DISTRICT 9: (Gallatin and Park Counties)	District IX HRDC PO Box 1530 Livingston, MT 59047 (406) 222-2138	
DISTRICT 10: Flathead, Lake, Lincoln and Sanders Counties)	Polson Job Service 417 Main Street PO Box 970 Polson, MT 59860 (406) 883-5261	Northwest Montana HRDC PO Box 8300 Kalispell, MT 59904-1300 (406) 758-5426
DISTRICT 11: (Mineral, Missoula and Ravalli Counties)	Missoula Job Service 539 So. Third St. West PO Box 5027 Missoula, MT 59806 (406) 728-7060	District XI HRDC 316 North 3rd Street Hamilton, MT 59840 (406) 363-6101

SECTION:	SUBJECT:
DIRECTORIES	Welfare to Work Operators

CONCENTRATED EMPLOYMENT PROGRAM SERVICE DELIVERY AREA (CEP)

Beaverhead County:

Dillon Job Service
310 East Sebree
PO Box 1300
Dillon, MT 59725
(406) 683-4259

Trends and Transitions
610 No Montana Street
PO Box 648
Dillon, MT 59725
(406) 683-2511

Butte/Silver Bow County:

Career Futures
49 North Main Street--2nd Floor
Butte, MT 59701
(406) 723-9101

Deer Lodge, Powell and Granite Counties:

Butte Job Service
2201 White Blvd.
PO Box 3528
Butte, MT 59702
(406) 494-0300

Anaconda Job Service
307 East Park
Anaconda, MT 59711
(406) 563-3444

Lewis and Clark, Jefferson, Meagher and Broadwater Counties:

Career Training Institute
347 North Last Chance Gulch
Helena, MT 59601
(406) 443-0800

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Department of Public Health and Human Services	Section: POLICIES AND PROCEDURES
TANF CASH ASSISTANCE	Subject: Cash Management

Supersedes: TANF 1800-1 (07/01/05)

►Reference: Montana Operations Manual (MOMS) Volume II, Section 2-1200; SB 413 2007 Legislative Session

GENERAL RULE--This policy is enacted to establish and maintain a system of internal controls over collections and deposits. This system will provide a reasonable assurance that procedures for the collection of monies and the deposits are performed properly in the county offices, Fiscal Bureau, TPL Unit, and CSED.

COUNTY OFFICES

1. Dual control for incoming collections should be implemented. One person should not perform multiple duties such as record keeping and completing the Payment Receipt Form (HCS-562). These should be kept separate. **Offices with one employee would be the only exception to this rule.**

2. Open all sealed envelopes dropped off at the OPA. If the participant is present, request that they open the envelope for you. Do not mail without including a Payment Receipt Form.

3. Checks and money orders must be "pay to the order of: DPHHS or Department of Public Health and Human Services". If a two-party check from an insurance company is accepted for Third Party Liability (TPL), the recipient must write in the endorsement space "Pay to the order of DPHHS" and sign below.

4. Stamp all checks with the following endorsement at the time of initial receipt: "For Deposit Only, To The Demand Account of the Montana State Treasury, DPHHS 6901". **This is the only allowable endorsement.**

5. The check is immediately recorded on an internal log by the first person receiving it. (See copy of the log in this section) The log shall contain the following information:

   Check Date
   Check/Money Order # (indicate if cash)
   Payment Amount
   "Payer" Name and Address
   "Payee" Name and Social Security Number
   Payment given to for Processing (Employee Name)

Employee Signature/Date (Who received and logged Payment)
Fiscal/TPL/CSED Receipt Received Date

6. Once the check is entered on the log, give the check to the 2nd staff member to enter the information on the Payment Receipt Form. A separate Payment Receipt Form will need to be filled out for each payment. The staff member who enters the information on the log should never be the same person to fill out the Payment Receipt Form.

If the participant is present, make sure all the information is entered and they have signed and dated the Payment Receipt Form before they leave.

Check Processing: The 2nd staff member will enter all the pertinent information on the Payment Receipt Form and staple the check to Fiscal Bureau's, TPL's, or CSED's (pink) copy. This form is filled out for each check received.

Cash Processing: The 1st person who received the money will count it and enter the information on the log. The information is also written on the currency envelope along with the initials of the individual who accepted the cash. The cash and the envelope are delivered to the 2nd staff member to verify. While both staff members are present, complete the information on the envelope, place the currency inside and seal the envelope. The 2nd staff person completes the Payment Receipt Form for each transaction and attaches Fiscal Bureau's, TPL's, or CSED's copies to the envelope. **Cash cannot be accepted for Food Stamp payments. It must be a check or money order.**

Foreign Currency: Contact the Fiscal Bureau Accounts Receivable or Collection Supervisor to find out the rate of exchange immediately upon receipt.

Form Distribution: The first (***white*** original) copy of the four-part Payment Receipt Form is given to the ***participant*** as a ***receipt***. If the participant is not present, mail the receipt to the address on the envelope in which the payment was received.

The second and third part of the form (***yellow*** and ***pink***) is attached to the check or cash envelope and sent to the ***TPL Unit, CSED, or Fiscal Bureau***.

Preparation (Before Mailing): Separate the Child Support Payment Receipt Forms, TPL Unit Payment Receipt Forms and the Fiscal Bureau's forms. Using an adding machine or an Excel spreadsheet, add all the checks and currency for each batch. Attach a copy of the adding machine tape or the spreadsheet to each batch of checks/currency, initial and date. Verify that the Payment Receipt Forms are already attached to the checks/currency.

Mailing: Establish a daily deadline for all checks and currency to be processed. Mail every Friday or immediately upon receiving $200 in cash or if the total collections exceed $750. Send to **DPHHS/Fiscal, CSED, or TPL Unit** via regular mail.

CSED payments are mailed to:

TAPP
CSED
PO BOX 5955
HELENA, MT 59620.

If you have questions concerning the CSED payments, please contact Technical Accounting & Payment Processing (TAPP).

Examples of CSED payments include:

Child Support Repayment of Public Assistance Benefits
Child Support received after approval for TANF

TPL Unit payments are mailed to:

TPL UNIT
PO BOX 202953
HELENA, MT 59620.

If you have questions concerning TPL Unit payments, please contact Lana Haynes.

Examples of TPL payments include:

Third Party Liability (TPL)
- Accident Insurance Reimbursement
- Estate Recoveries
- Health Insurance Reimbursement
- Premium Payment
- VA Aid & Attendance
- Conditional Assistance

Medicaid Program
- Excess Resources
- Unreported Income VA Unreported

Special Needs Trust

All of the other payments listed on the form are mailed to:

DPHHS/FISCAL
PO BOX 4210
HELENA, MT 59604

► If you have PAB questions or concerns, please contact the individual program policy specialist.

Examples of other payments include:

Food Stamp Allotment Repayment (*Cash **not** accepted*)
Cash Assistance Repayment
Interim Assistance Reimbursement (SSI)
TANF Benefits
Other TANF Supportive Service

The fourth part of the form (***gold***) is retained at the ***county*** and attached to the ***log***.

Once the Fiscal Bureau, CSED, or TPL Unit signs and dates their copies, they will detach the bottom (yellow) copy to send ***back*** to the county. The county then enters the date returned on the log and files the (***yellow***) copy in the ***recipients/clients file*** as proof of deposit.

Fiscal Bureau, TPL Unit, or CSED

1. Once the Fiscal Bureau, TPL Unit, or CSED receives the checks or currency, the amounts on the adding machine tape or Excel spreadsheet should be verified with the Payment Receipt Forms.

2. The box checked on the form will correlate to a speed chart number.

3. **Fiscal Bureau, TPL Unit, or CSED employee** will enter the date the payment is received, speed chart number if applicable, date the yellow copy is mailed to the OPA, Fiscal, TPL Unit, or for CSED, the CSED employee's signature and date. By entering this information, the Fiscal Bureau, TPL Unit, or CSED is confirming that they have received the currency and/or checks attached to the Payment Receipt Form.

The Fiscal Bureau, TPL Unit, or CSED employee who receives the payment will detach and **mail** the second copy (**yellow**) of the **form back** to the originating county as a receipt of the currency and/or checks.

Fiscal Bureau, TPL Unit, and CSED will then follow their normal dep

procedures. In conjunction, TPL will verify the amount paid to the amount owed.

COUNTY OFFICE Review log to identify and follow up on all missing yellow receipts from the Fiscal Bureau, TPL Unit, and/or CSED. If you have questions, please contact Fiscal Bureau Accounts Receivable for help.

Safekeeping: During working and non-working hours the checks and currency are required to be secured in a safekeeping area. If the staff member must leave their work area while processing the deposit, lock the checks in the secured area until the staff member returns. A secured area is a fireproof locked box or safe not accessible by the public. Keys are to be secured at all times. Preferably only two staff members should have access to these keys. An access registry for the keys shall be kept on file.

Retention: The log and the office copies of the forms will be kept on file for three (3) Federal fiscal years (Oct 1 through Sept 30). The county office will be responsible to make sure the deposit receipt date is entered on the log for each payment sent to the TPL Unit, Fiscal Bureau or CSED.

Warrant Cancellations County offices may occasionally be notified of a lost or stolen warrant. In order to have a replacement check issued, the State of Montana requires the payee to fill out a form. To request this form contact Fiscal Bureau Accounts Payable.

To reissue a stale-dated warrant, contact Fiscal Bureau Accounts Payable for the State of Montana form.

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